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Native Valve Infective Endocarditis - the Postoperative Results and Role of the Endocarditis Team. A Single Center Experience

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Abstract
Background: Infective endocarditis (IE) may present with quite different aspects. Consequently, it's management involves a collaborative approach between several specialties. We analyzed the timing of surgery and the role of the "Endocarditis Team" in patients with IE.
Methods: The medical records of patients operated for IE in our center during an 18-year period were retrospectively analyzed for the demographic data, causative agent, imagistic features of the affected valve and systemic lesion extension and postoperative results.
Results: Patients' age ranged between 7 and 84 years, and in many cases (55.88%) the etiology remained unidentified. The early postoperative complications were not significantly higher in patients operated in emergency compared to those with elective surgery. The overall early postoperative mortality rate was 14.05%, significantly lower in the elective surgery cases (p = 0.001). The long-term follow-up for patients operated between 2008 and 2017 showed a late postoperative death rate of 17.8% (34 patients).
Conclusions: Emergency surgery for patients with native valve IE provides in most cases a good chance for a cure, despite the relatively high frequency of postoperative complications and rate of postoperative death. The advances in pre- and post-operative management of IE patients, as well as in surgical techniques and prosthetic valves seem to further improve the outcome.
Key words: native valve infective endocarditis, postoperative complications, postoperative mortality