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This abstract has been withdrawn



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Characteristics, Outcomes and Prognostic Factors of Infective Endocarditis in the Intensive Care Unit



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Background: Infective Endocarditis (IE) is a disease with high morbidity and mortality. There are few studies focusing on severe IE requiring Intensive Care Unit (ICU) admission. Identifying prognostic factors early can guide management and improve outcomes for this severely ill cohort. We sought to study the patient characteristics, clinical course, in-hospital mortality, and prognostic factors in IE patients requiring ICU admission.

Methods: This is a single-centre retrospective review of all patients with IE admitted to the ICU between 2003 and 2015. Variables studied include patient demographics, echocardiographic data, surgical data, ICU severity scoring systems and in-hospital mortality.

Results: 110 patients were admitted to the ICU with IE (mean age 55 ± 16 , 36% female). There were 18 cases of prosthetic valve endocarditis (PVE) and 88 cases of native valve endocarditis (NVE). The mitral valve was affected in 50 patients (45%), the aortic valve affected in 48 cases (44%) and the tricuspid valve affected in 17 cases (15%). *Staphylococcus aureus* infection occurred in 63 patients (57%), and cardiac surgery was performed in 38% of patients. In-hospital mortality was 35%, and 16/38 (42%) of these patients died in the ICU. On multivariate logistic regression analysis, the only independent factor associated with in-hospital mortality was a higher Acute Physiology and Chronic Health Evaluation II (APACHE -II) score (OR 1.16; 95% CI: 1.06-1.30; $p=0.001$).

Conclusions: IE requiring admission to the ICU is associated with high mortality. We identified high APACHE-II score to be a useful prognostic factor for predicting in-hospital mortality in IE patients requiring ICU care.

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Chest Pain Admissions During the Covid-19 Pandemic



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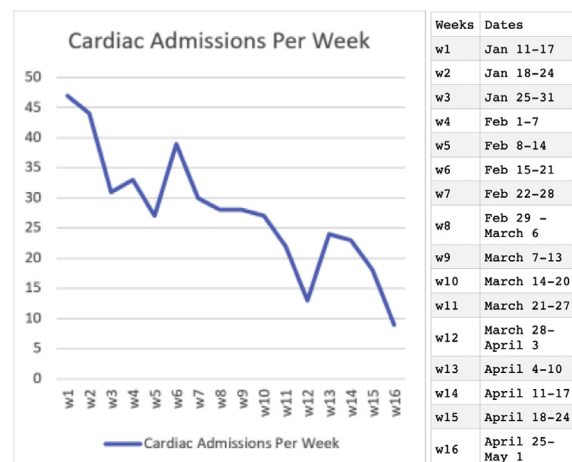
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Background: Cairns Hospital in Far North Queensland has a catchment area of approximately 14, 900 square kilometres. The prevalence of cardiovascular disease in Far North Queensland is higher than that of the rest of Australia. The first case of COVID-19 in Australia was on 25 January 2020 and on 22 March 2020, the Australian Government issued strict social distancing restrictions along with the "stay home stay safe campaign." We assessed the impact of COVID-19 and the public health campaign on cardiac admissions to the Cairns Hospital.

Methods: A retrospective audit was completed of all chest pain presentations to ED between 11 January 2020 to 31 April 2020.

Results: There were 1,028 presentations to ED with undifferentiated chest pain of which 863 were potentially cardiac in origin. Compared to the two weeks prior (between 11 January–25 January), we identified a 58% reduction in chest pain presentations, 67% reduction in acute coronary syndromes (ACS), 81% reduction in cardiac admissions, and a 75% reduction in inpatient angiograms. Populations particularly affected include those over the age of 64 (57% reduction) and see graph.

Conclusions: During the COVID-19 pandemic, there was a not only a reduction in cardiac admissions but also in presentations for ACS. A reduction in chest pain presentations and inpatient angiograms was also observed. This study identifies the importance of public education for chest pain hospital presentations during future pandemics.



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