

[LETTERS TO THE EDITOR]

Early Operation and Establishment of an Endocarditis Team

Key words: prosthetic valve endocarditis, gram-negative bacilli, treatment, surgery, endocarditis team

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To the Editor We read with great interest the article entitled “Prosthetic Aortic Valve Endocarditis” by Ko, et al. in the Internal Medicine advanced publication (1). The authors appropriately applied the imaging study, which was mentioned in the European guidelines (2), but not in the American guidelines (3), for the diagnosis of prosthetic valve infectious endocarditis. We would like to express our appreciation to the authors for leading us physicians to correctly diagnose this emerging infectious disease with proper methods in an era when cardiovascular devices are dramatically increasing.

We would like to ask the authors the following two questions:

First, both the European and the American guidelines stated that such non-*Haemophilus* sp, *Actinobacillus*, *Cardiobacterium*, *Eikenella*, *Kingella* (HACEK) Gram-negative bacilli require cardiac surgery and long-term combination antimicrobial therapy with at least two different classes (2, 3). Since some surgeons tend to think that cardiac surgery is contraindicated in elderly patients in the real world (4), we would like to ask how the authors and the medical team treated this patient after two weeks of antibiotic treatment.

Second, the European guidelines recommend establishing an “endocarditis team”, including cardiac imaging specialists, when available (2). We would like to know whether an

endocarditis team with imaging specialists exists at the author’s institute and whether early discussion with the surgical team was successful and constructive, as the guideline stated that this is “mandatory” for the management of all patients with complicated endocarditis (2) because, unfortunately, some discussions among physicians and surgeons remain as far apart as ever.

The authors state that they have no Conflict of Interest (COI).

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