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ENDOCARDITIS IN OCTOGENARIANS.LESS SURGERY AND HIGHER MORTALITY IN OUR AREA NOWADAYS?

N. Vallejo, G. Juncà, J. Lopez Ayerbe, L Lobera, L. Mateu, E. Ferrer, L.Pedro Botet, A. Bayés Genís. Infective Endocarditis Study Group.Internal Medicine and Cardiology departments. Hospital Germans Trias i Pujol. Badalona(Spain) iCor.cat

OBJECTIVE:describe the epidemiological, clinical and prognostic features in octogenarian patients with infective endocardits (IE) and compare them with a younger group. METHODS:Consecutive analysis of 334 IE episodes(2003-2013) Group 1(>75y, n=93)Group 2(<75;n=241)

n=334	Group 1(n=93) (>75 years)	Group 2 (n=241) (<75)	
Eidemiology -Male -Prev. Valv. disease -native -prosthesis	59(63%) 65% 44% 37%	173(72%) 41% 64% 28%	P=ns P<0.05 P=0.001
Previous diseases -Hepatopathy -VIH -DM -I.Charlson	6(6%) 0 33(35%) 2.69	31(15%) 14(6%) 55(23%) 2.03	P=0.028 P=0.023 P<0.05 P=0-010



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Comorbilities			
-Cardiac surgery	42(46%)	72(30%)	P=0.009
-Healthcare	17(18%)	45(18%)	P=ns
-FG	48 ml/min	62 ml/min	P<0.05



N=334	Group 1 (n=93) (>75 years)	Group 2(n=241) (<75 years)	
Clinic			
-Weeks of evolution.	3,78±5	3.01±4	
-HF	40(55%)	96(47%)	P=ns
-Shock	20(24%)	50(24%)	
Microrbiology			
- Staph. species	37(40%)	84(35%)	
-S, Aureus	19(20%)	49(20%)	P=ns
- S. Epidermidis	15(16%)	29(12%)	
-Enterococos	14(15%)	29(12%)	
-Streptos	24(26%)	86(36%)	

(>75 years)

(<75 years)

Local complications	38(40%)	120(50%)	P=ns
Euroscore	42±20	19±17	P<0.05
Surgery			
-Surgery indication	61(65%)	175(73%)	P=ns
-Surgery performed	33(35%)	127(53%)	P<0.05
Evolution -Death	35(38%)	67(28%)	P=ns



CONCLUSIONS:Clinical and microbiological features of IE were similar in both groups .Significant differences werw observed in comorbidities and type of IE.Altough there werre less surgery performed in group 1, no differences in mortality were observed between both groups.