

Physician - Valvular Diseases and Surgery

[MSB-55]

Surgical Treatment of Infective Endocarditis

Özer Kandemir, Murat Koç, Bahadır Gültekin, Ufuk Mungan, Kaan Kaya, İbrahim Duvar, Ferit Çiçekçioğlu

Department of Cardiovascular Surgery, Ankara Etlik City Hospital, Ankara, Türkiye

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E-mail: drmuratkoc@yahoo.com

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Objective: This study aimed to offer an analysis of our surgical experience in patients with active infective endocarditis (IE).

Methods: The retrospective study included 29 patients who underwent surgery for active IE between December 1, 2022, and August 31, 2024. Patients received valve replacement or repair, debridement of infected tissues, or explantation and replacement of infected prosthetic devices.

Results: The operative and early mortality rate was 30% (n=9). Postoperative complications occurred in 24.1% of patients. Advanced age, heart failure, prosthetic valve endocarditis, and *Staphylococcus aureus* infection were associated with higher mortality rates. Postoperative complications included reexploration of the thoracic cavity, pacemaker implantation, hemodialysis, deep sternal infections, and further valve surgery for three patients.

Conclusion: Surgical treatment of IE remains crucial and life-saving, particularly for patients unresponsive to antibiotic therapy or those with complications. Early diagnosis, prompt antibiotic initiation, and timely surgical intervention are essential for optimal outcomes.

Keywords: Heart surgery, infective endocarditis, valve surgery.

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