¿CUÁL ES LA TÉCNICA QUIRÚRGICA DE ELECCIÓN EN UN PACIENTE CON ENDOCARDITIS NATIVA O PROTÉSICA "COMPLICADA"?

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SEICAV 2015: ACTUALIZACIÓN EN ENDOCARDITIS INFECCIOSA.

Papel de la Cirugía en la EI.

- Europa se opera el 50% pacientes con EI durante la fase aguda:
  - 60% fallo cardíaco.
  - 40% sepsis refractaria.
  - 18% complicaciones embólicas.
  - 48% tamaño vegetaciones.
  - Mayoría varias indicaciones.

- Mortalidad global precoz en EI activa 6 - 25% con 70% de supervivencia a largo plazo.

Prendergast B, Circulation 2010;121:1141-1152.

Critical Questions About Left-Sided Infective Endocarditis

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ABSTRACT

Research in different topics in cardiovascular medicine is evolving rapidly. However, this is not the case for endocarditis, despite its being the cardiovascular disease with the highest mortality and, at the same time, the entity with relatively less scientific evidence supporting its treatment. Many problems are delaying research: it is an uncommon disease, few multicenter registries are ongoing, financing for research in this topic is lacking, randomization is costly, difficult, and considered unethical by some, and conclusions coming from propensity score analysis are taken as if they came from

(J Am Coll Cardiol 2015;66:1068–76)

The impact of valve surgery on short- and long-term mortality in left-sided infective endocarditis: do differences in methodological approaches explain previous conflicting results?

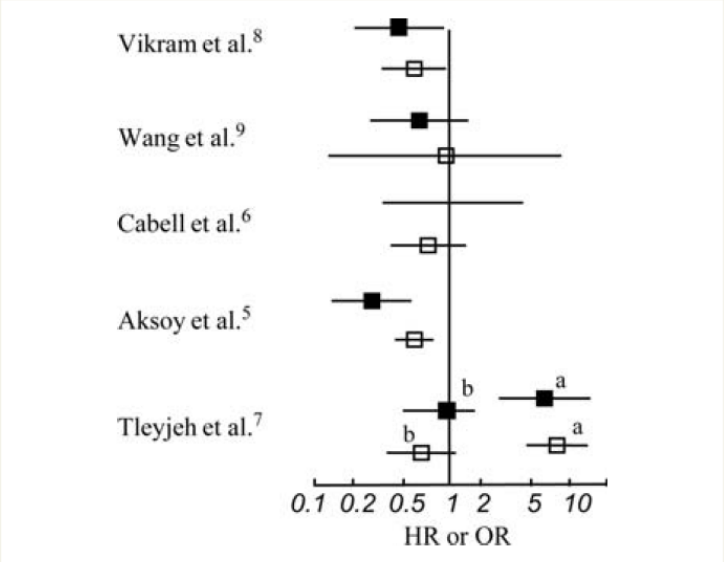

Figure 3 Relationship between valve surgery and death. Comparison between results from previous reports (black squares) and results from re-analysis from our database using the same methods (white squares). The squares and horizontal lines correspond to the study-specific adjusted hazard ratio (odds ratio for Wang and Cabell), and their 95% confidence interval. [a]Short-term mortality, 0–7 days after surgery; [b]mid-term mortality, 8 days to 6 months after surgery.

European Heart Journal (2011) **32**, 2003–2015

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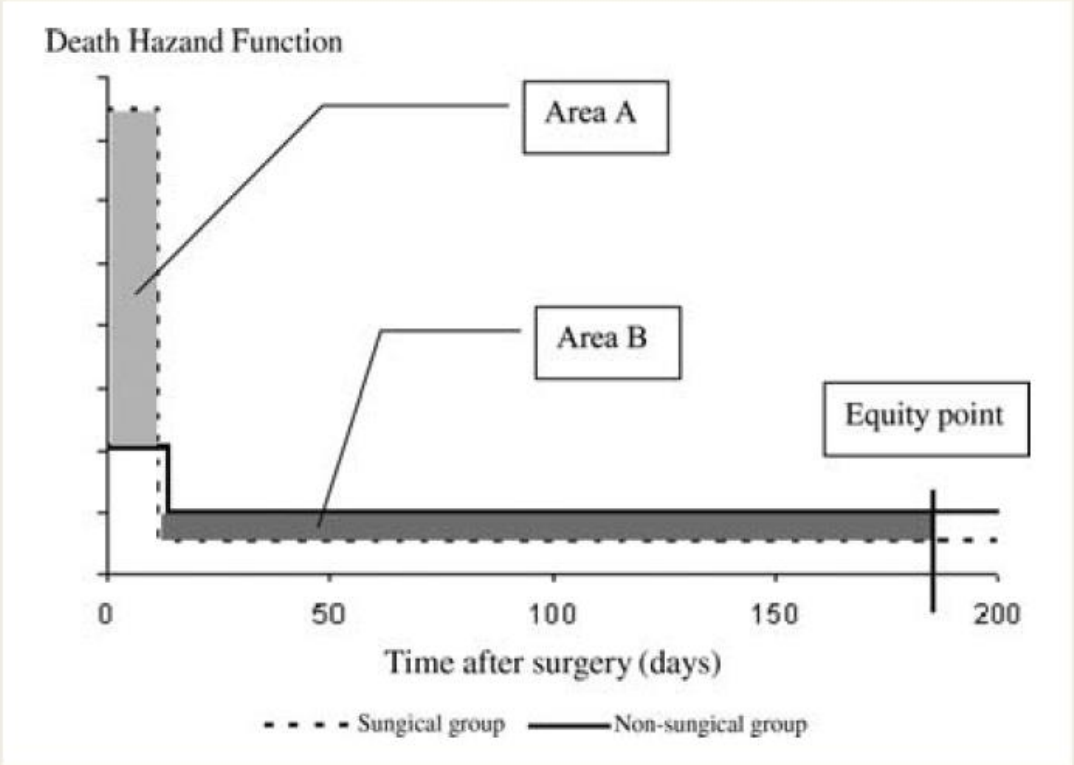

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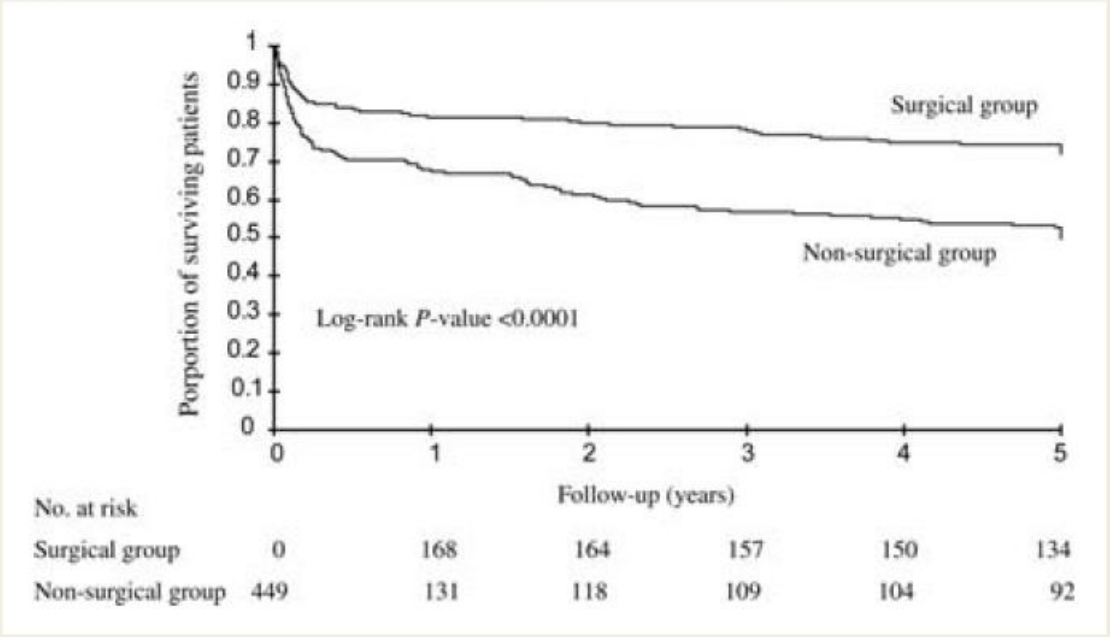

Figure 2 Overall 5-year survival according to the treatment group (Kaplan–Meier curves).

European Heart Journal (2011) **32**, 2003–2015

Management of infective endocarditis: challenges and perspectives

Franck Thuny, Dominique Grisoli, Frederic Collart, Gilbert Habib, Didier Raoult

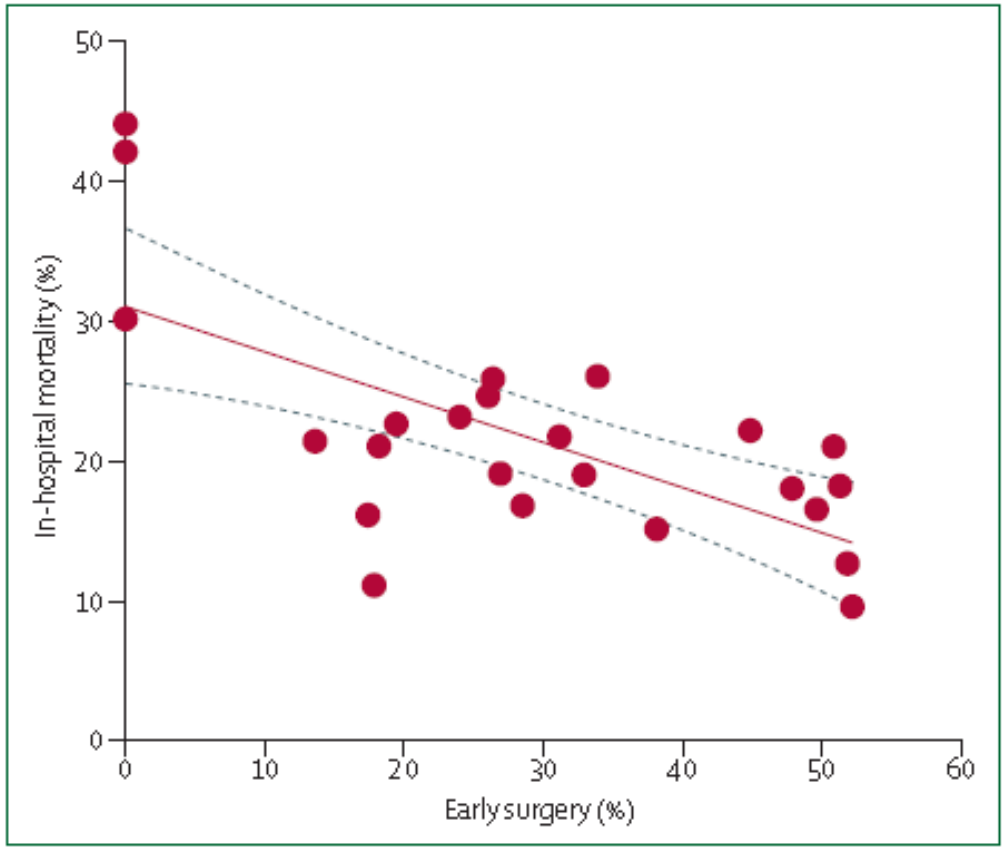

Figure 1: **In-hospital mortality as a function of the rate of early surgery**

Lancet 2012; 379: 965–75

Management of infective endocarditis: challenges and perspectives

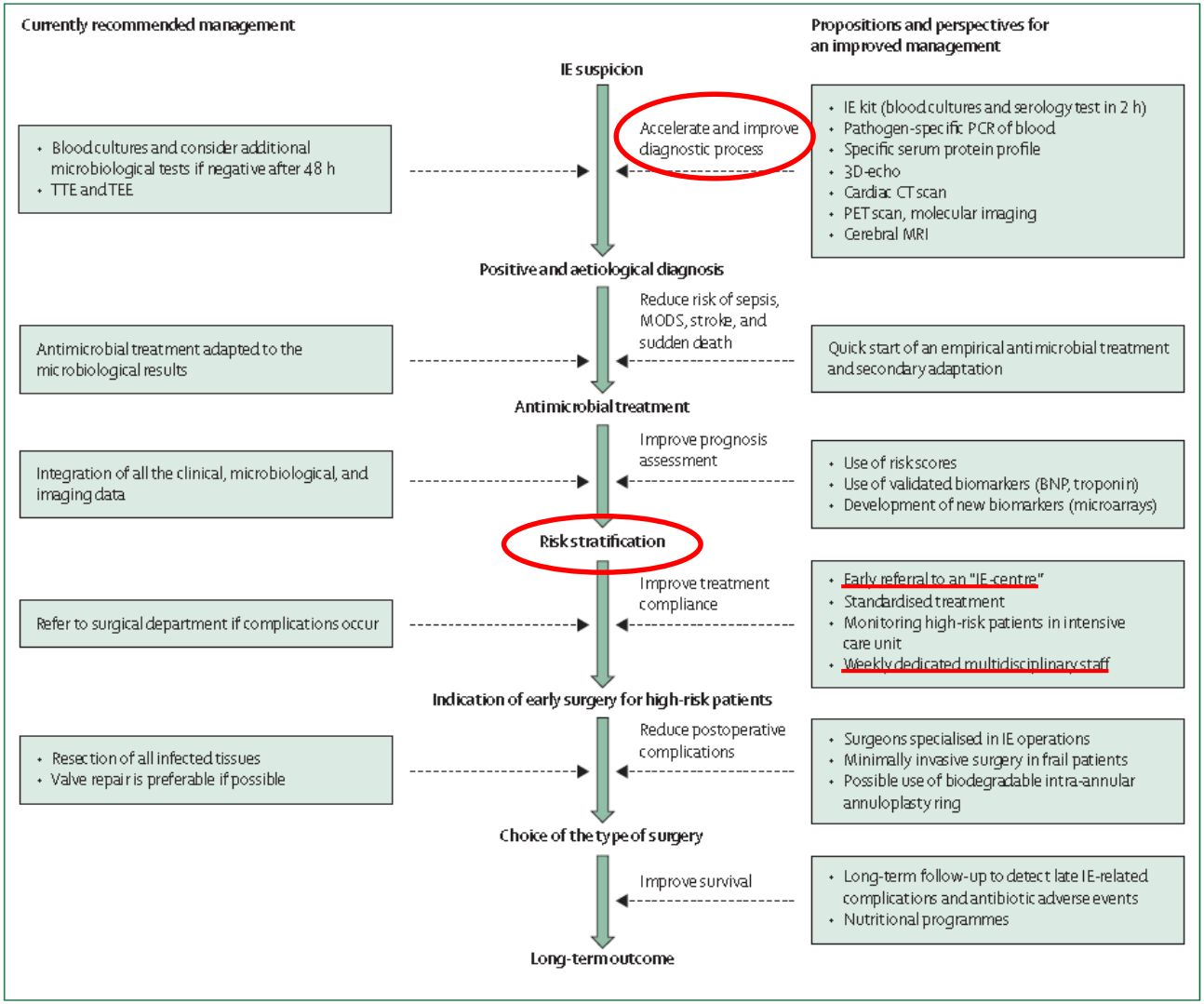

Figure 4: Perspectives for improvement of management and a subsequent reduction of mortality related to infective endocarditis in specialised centres

Lancet 2012; 379: 965–75

Predictores de Mal Pronóstico <72 horas del Ingreso.

1. Evaluación clínica.
2. ETE.
3. Hemocultivos.

- Fallo cardíaco.
- Complicaciones perianulares/protésica.
- Staph. Aureus.

San Román JA, Am Heart J 2008;156:431-6.

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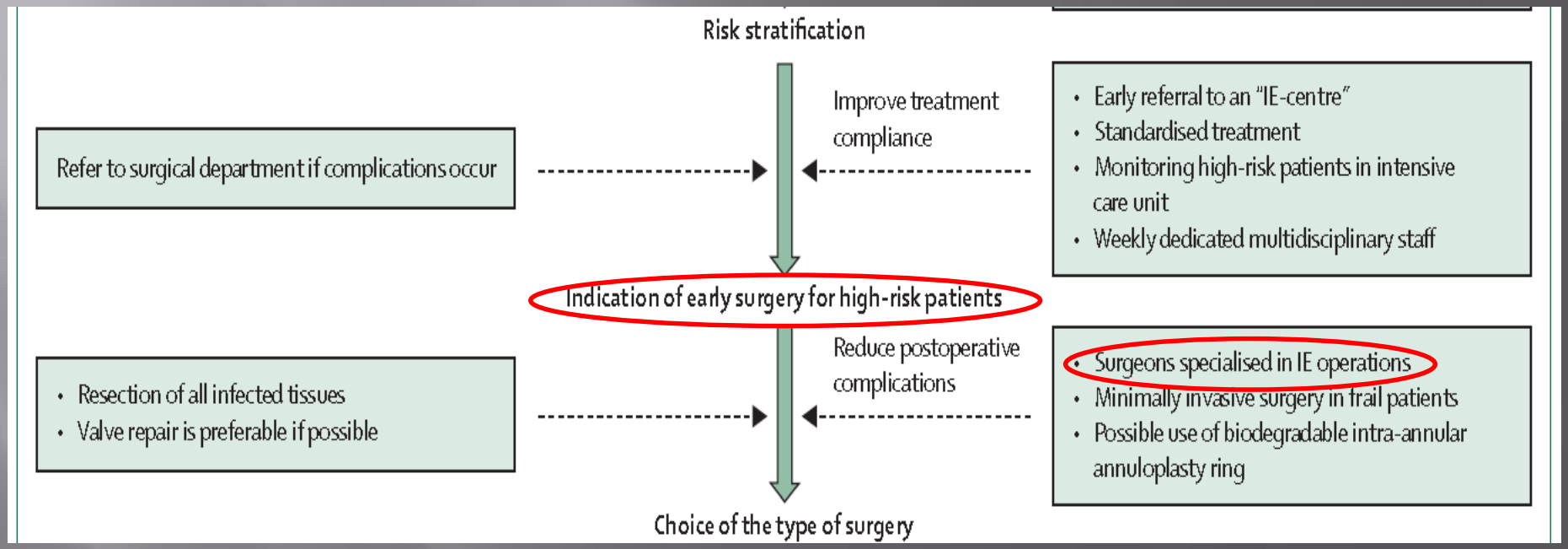


Lancet 2012; 379: 965–75

Indicación Quirúrgica EI: Más Arte que Ciencia.

- EI con curso clínico o anatómico complicado originada por gérmenes agresivos.
- El pronóstico quirúrgico es tanto mejor cuanto "menos complicado" esté el curso clínico y los daños anatómicos.
- Si el paciente está "excesivamente complicado" se rechazará la cirugía.
- Se valora la indicación de "única oportunidad".

¿Cómo resolver una EI "complicada"?

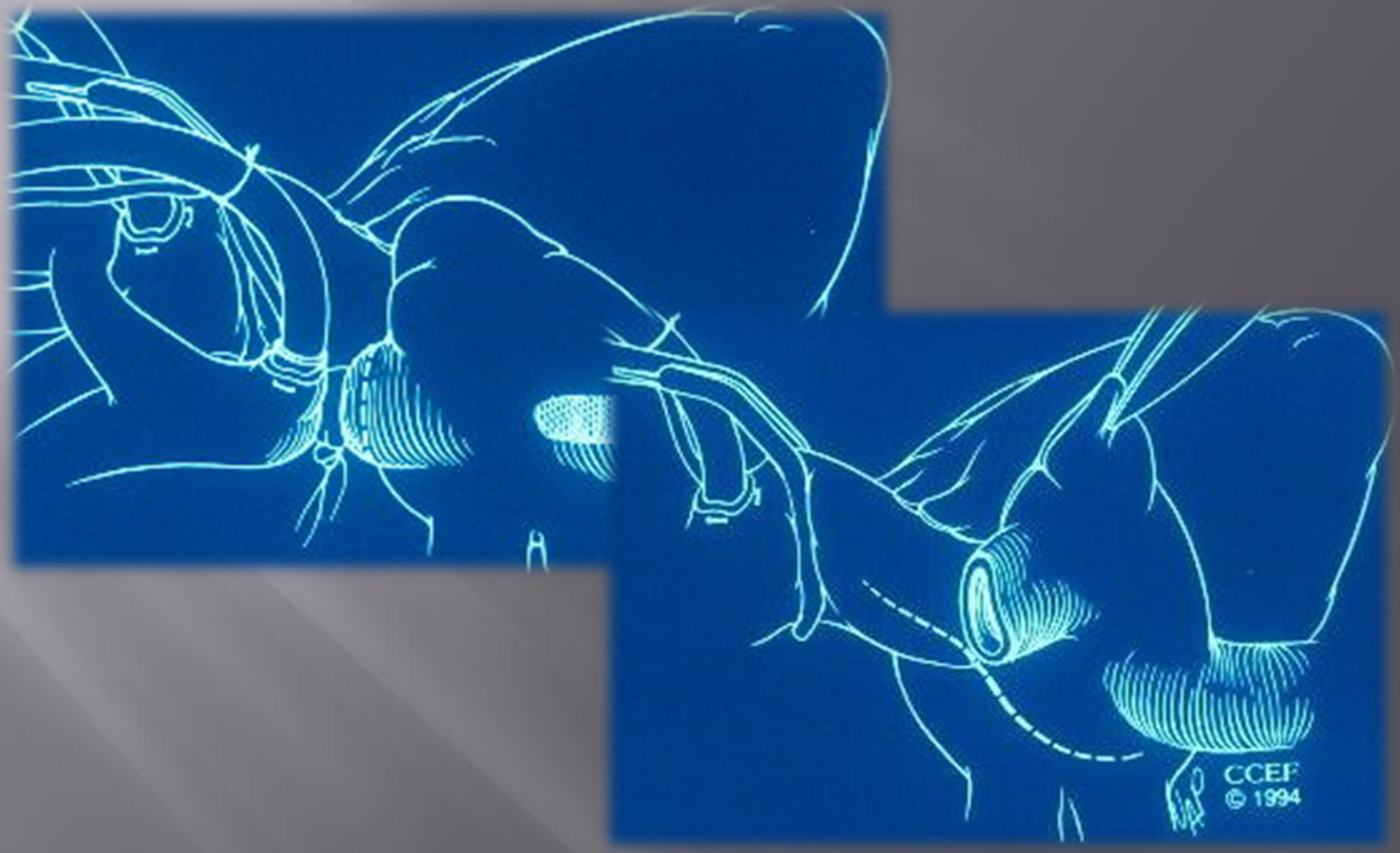
PRINCIPIOS

1. Desbridamiento radical.
2. Reconstrucción material biológico.
3. Sustitución o reparación valvular.

TÉCNICAS BÁSICAS

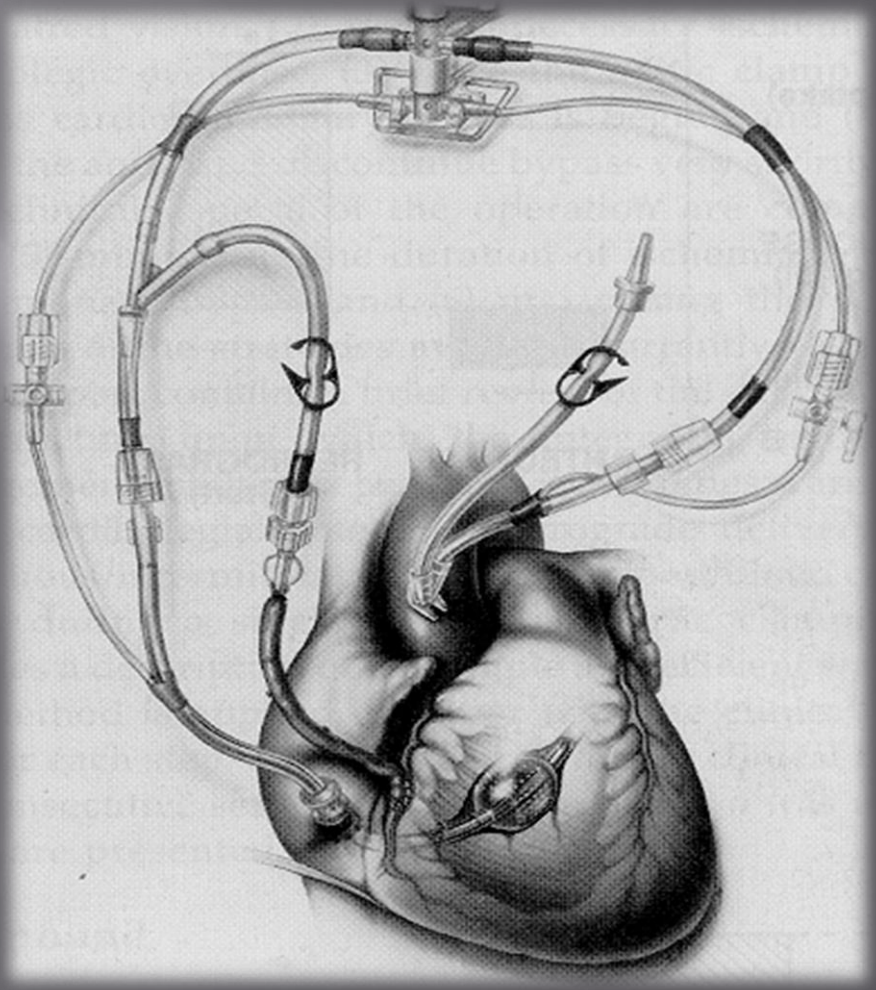
- Excelente exposición.
- Protección miocárdica.
- Hemostasia.

Exposición Quirúrgica.



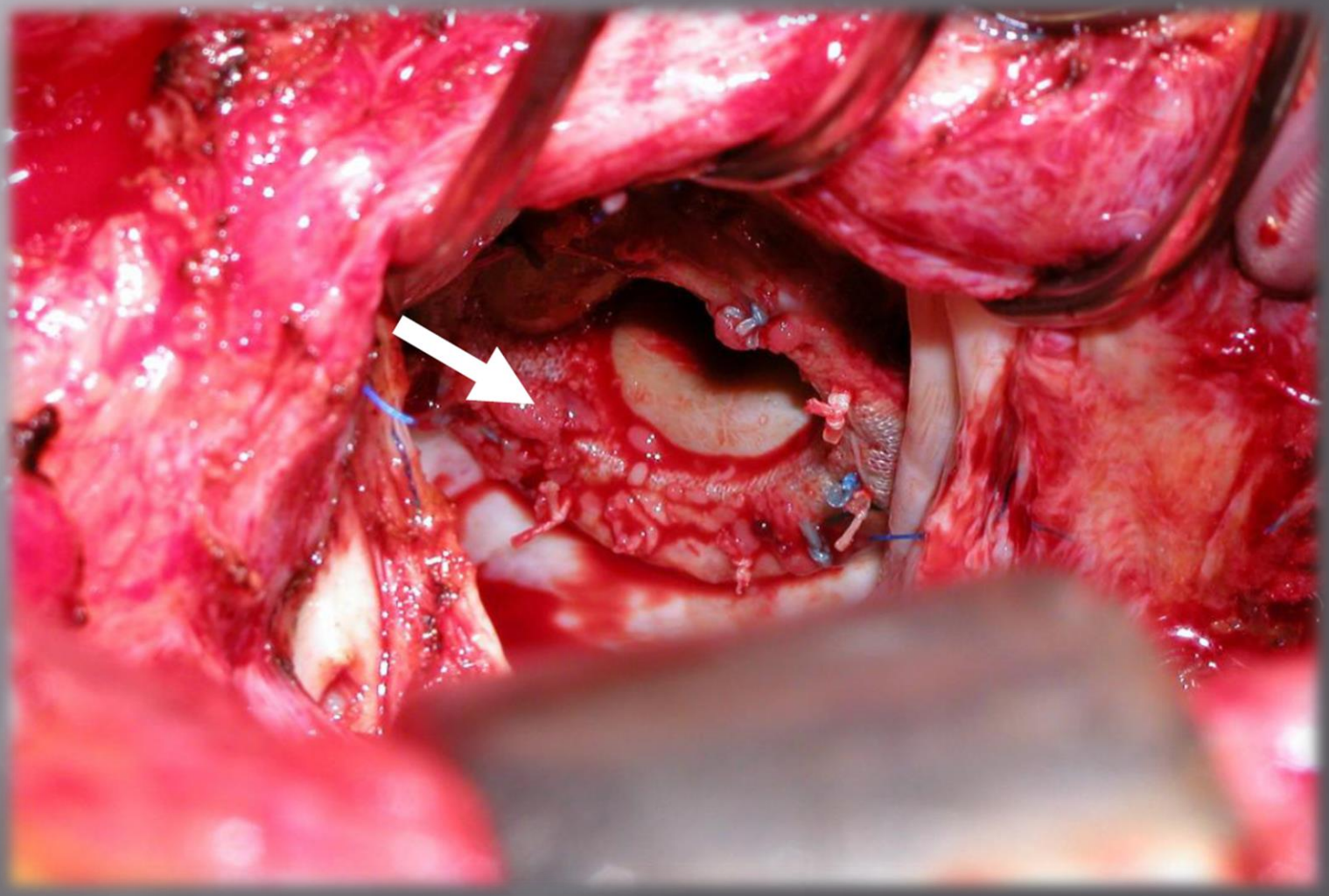
Protección miocárdica integral.

- Hemática.
- Miniplegia.
- Ante/Retro.
- Intermitente.
- Inducción y reperfusión caliente.

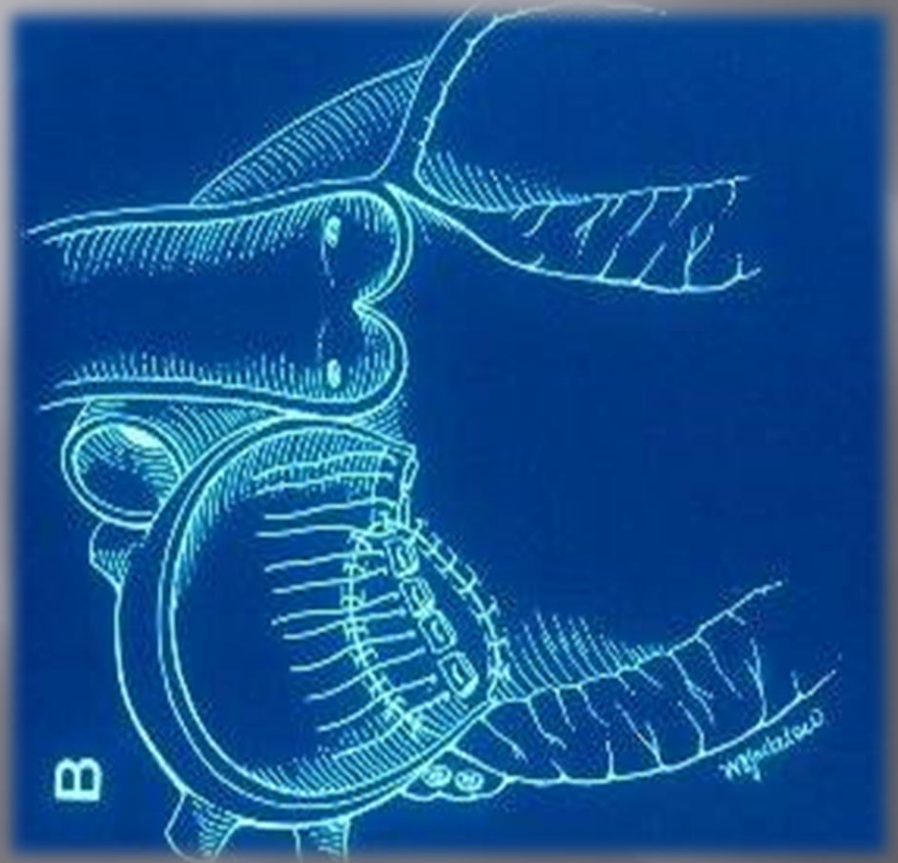


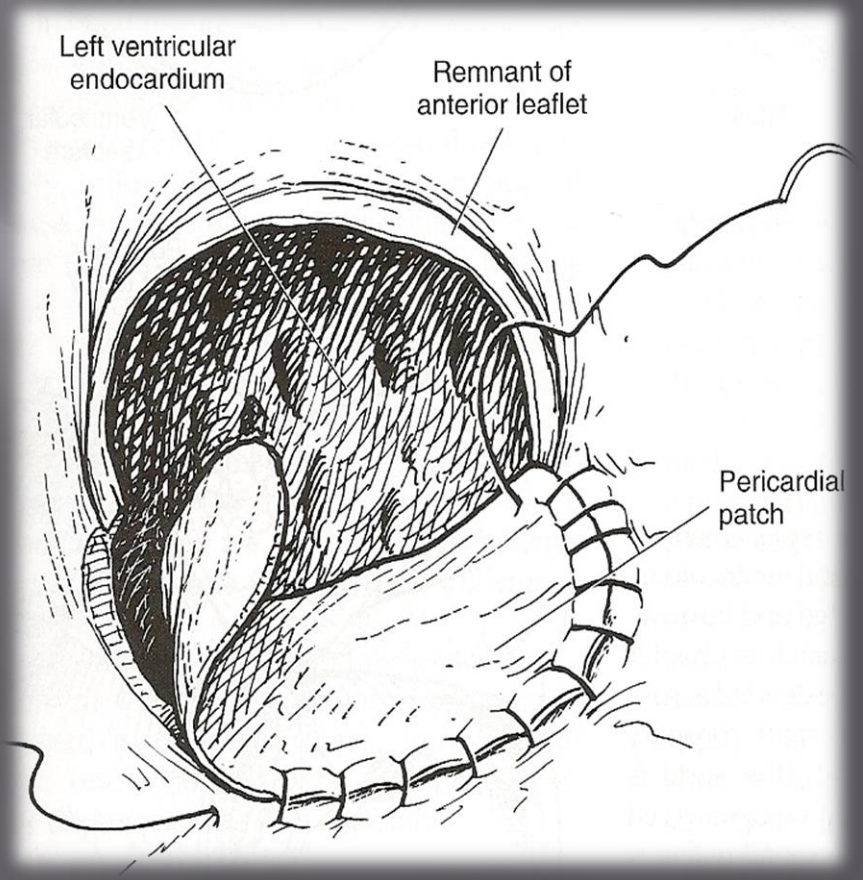
Endocarditis Mitral ¿Complicada?

Endocarditis Mitral "Complicada" (I)

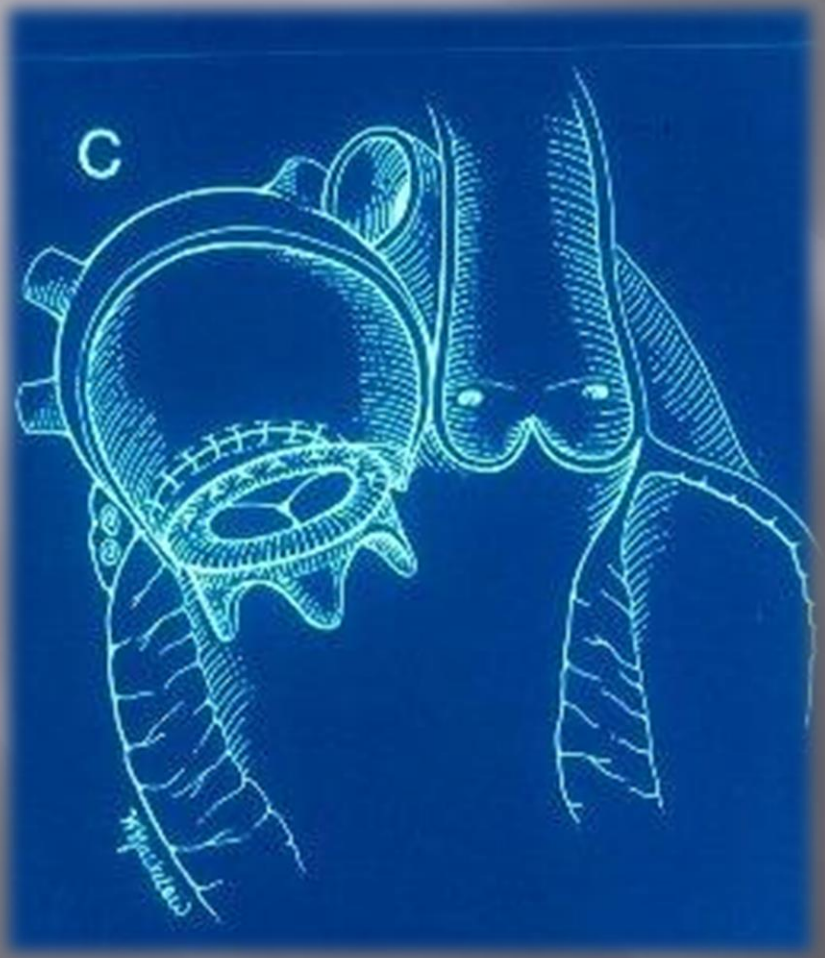


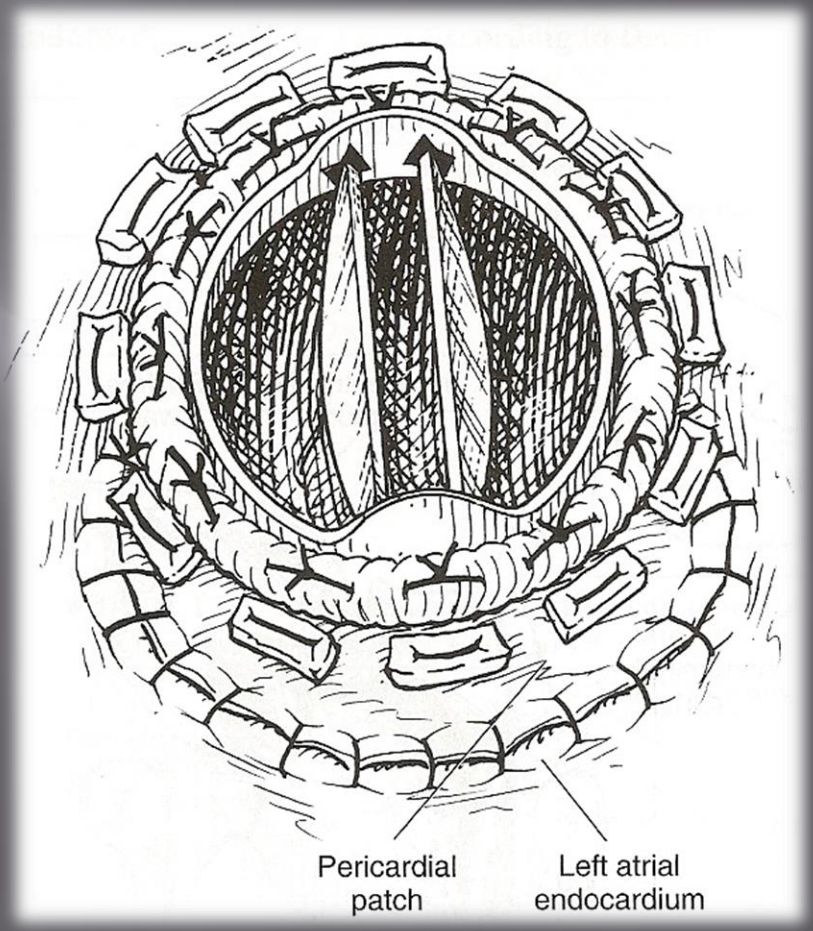
Endocarditis Mitral "Complicada" (II)



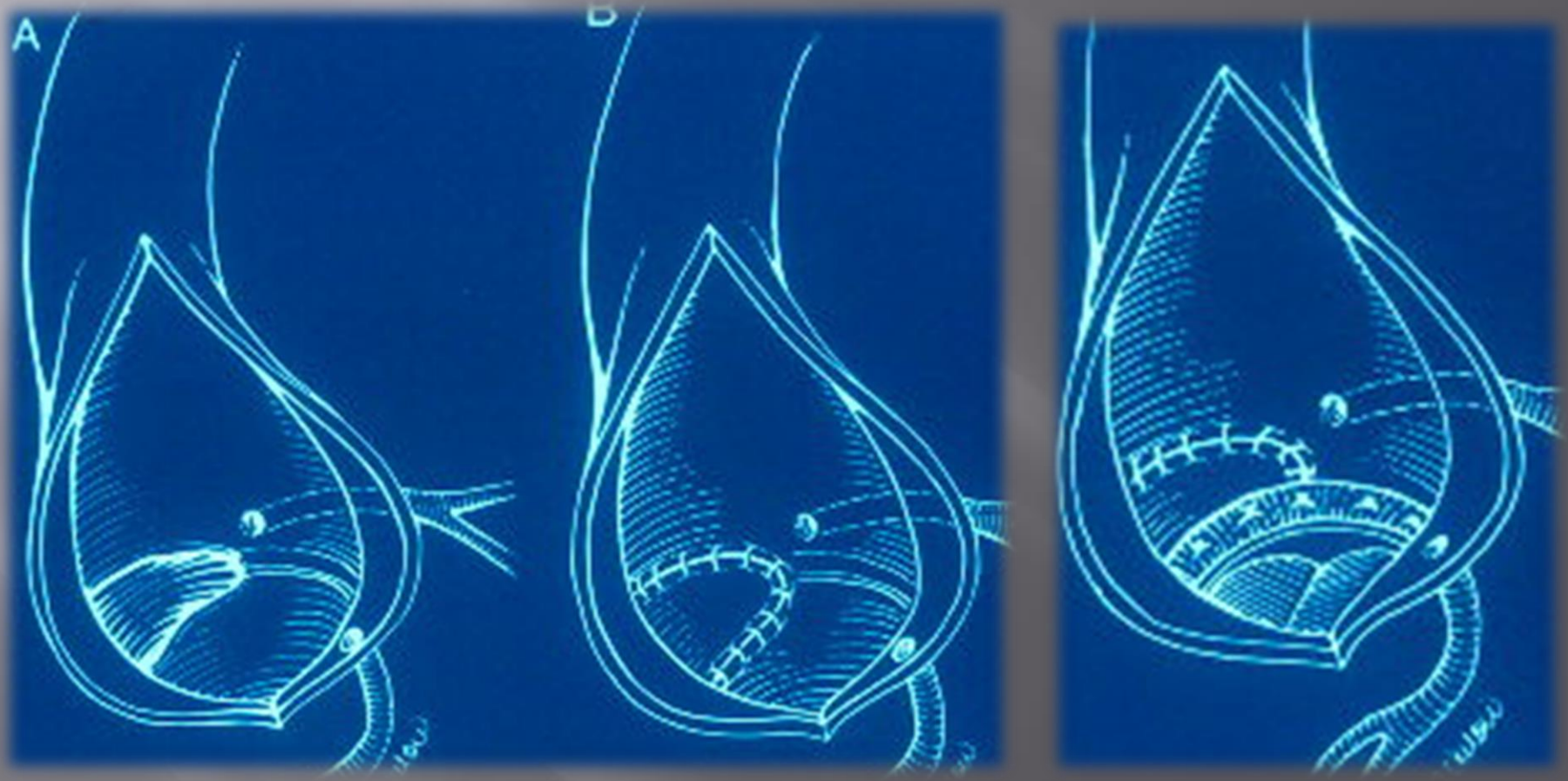


Endocarditis Mitral "Complicada" (III)





Endocarditis Aórtica “Complicada” (I)



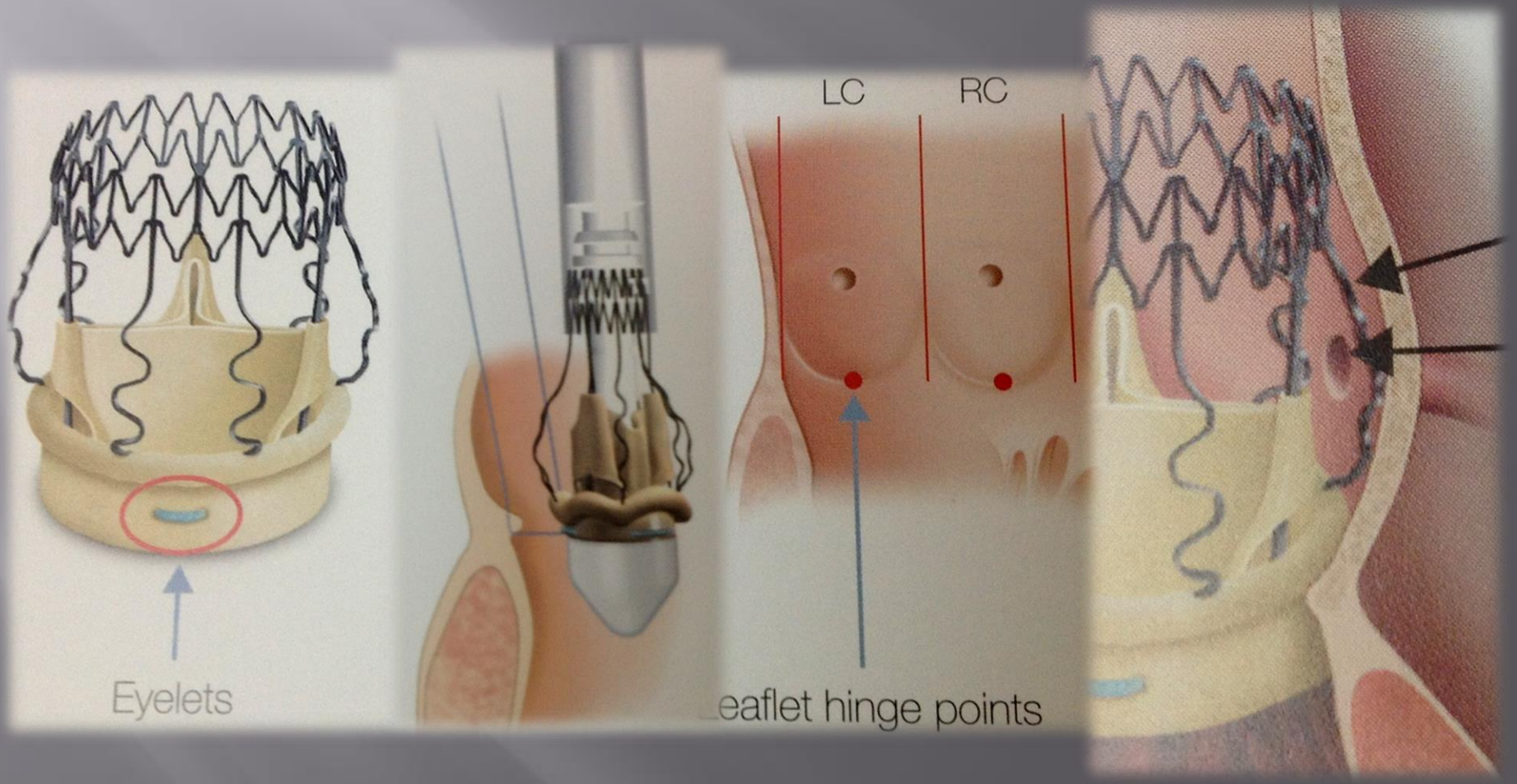
Endocarditis Aórtica "Complicada" (II)

Sustitución Aórtica por "Prótesis sin sutura".

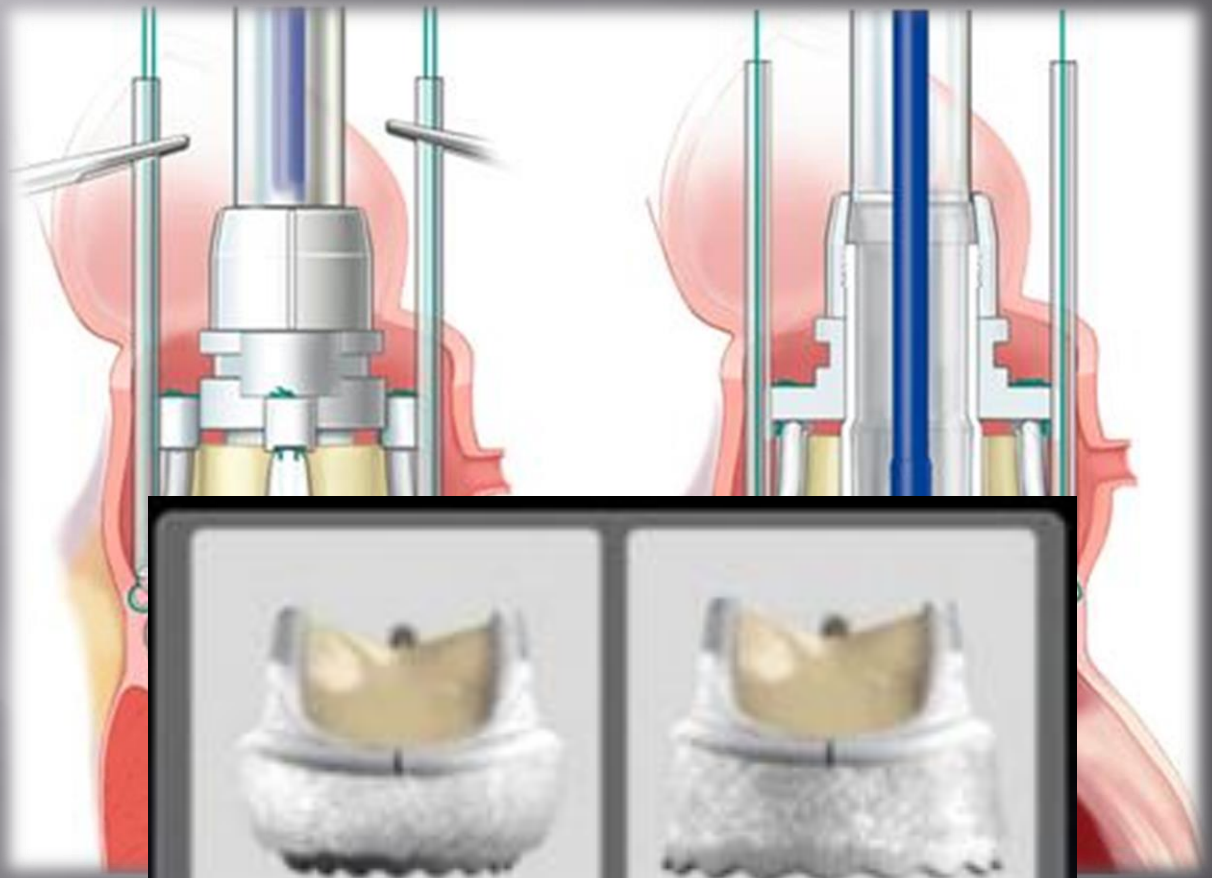
PERCEVAL

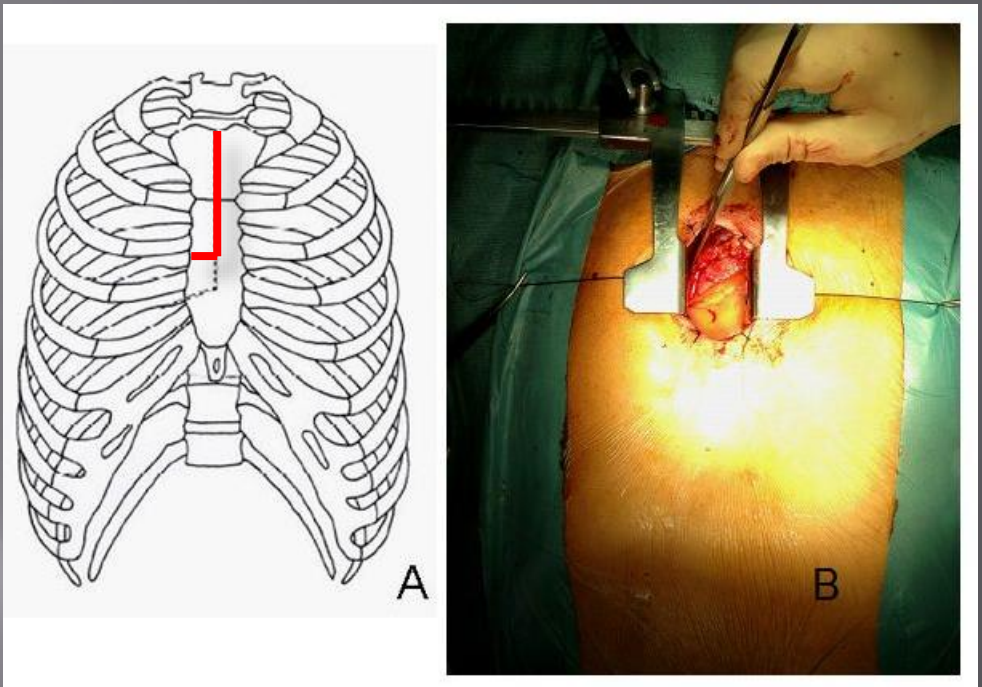
INTUITY

PERCEVAL®: Fijación en “Raíz”.



INTUITY®: Fijación en “Tracto salida VI”.




A
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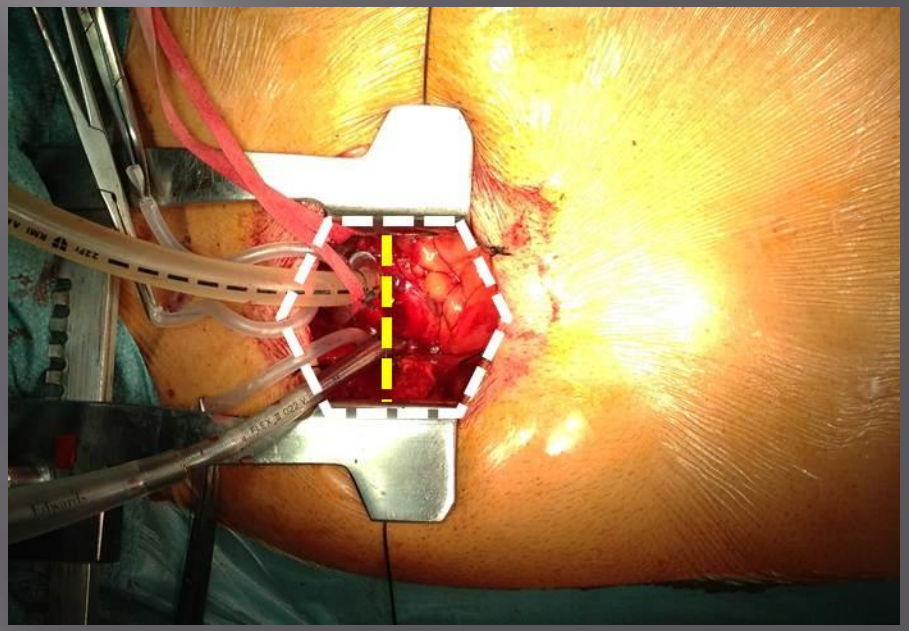
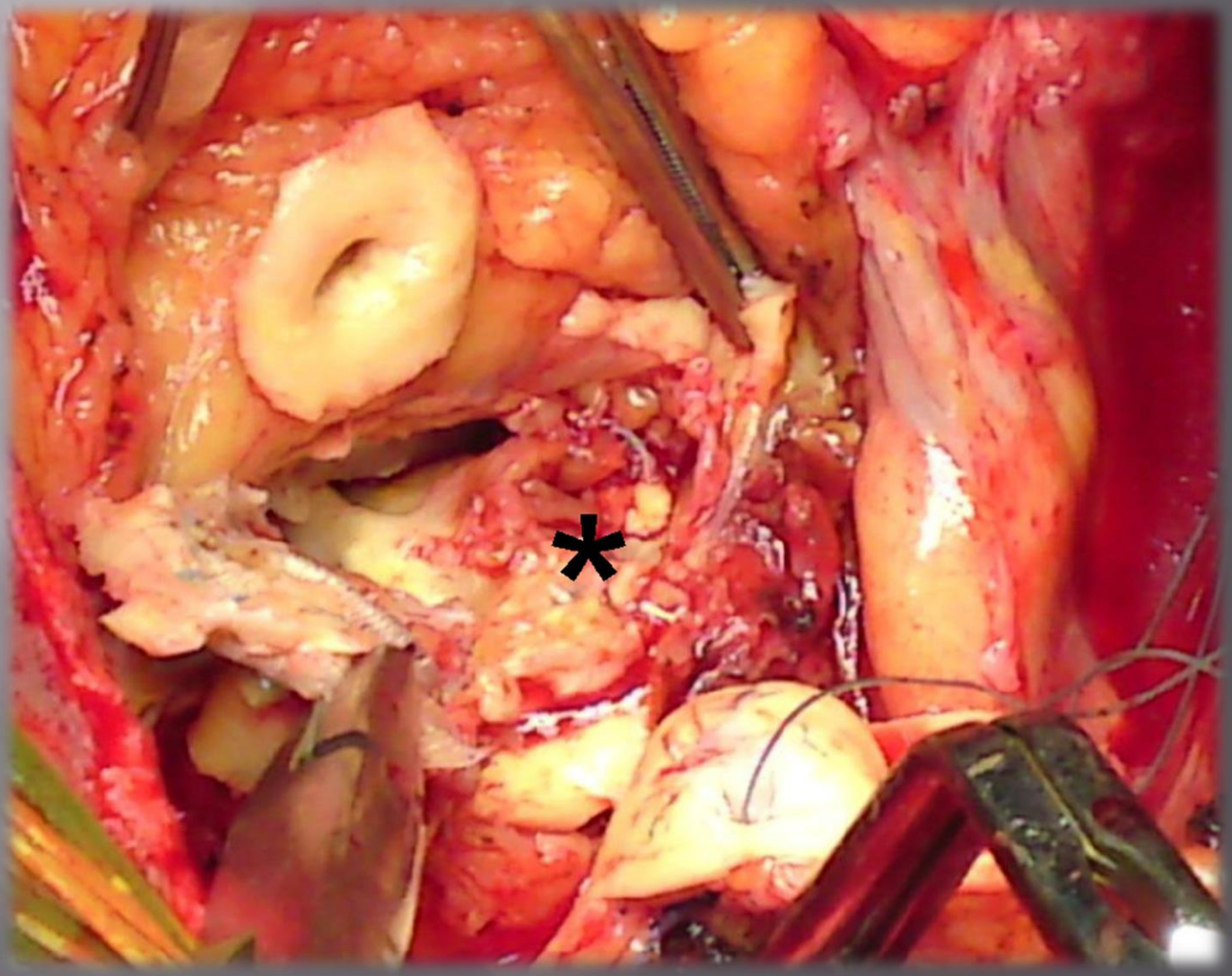
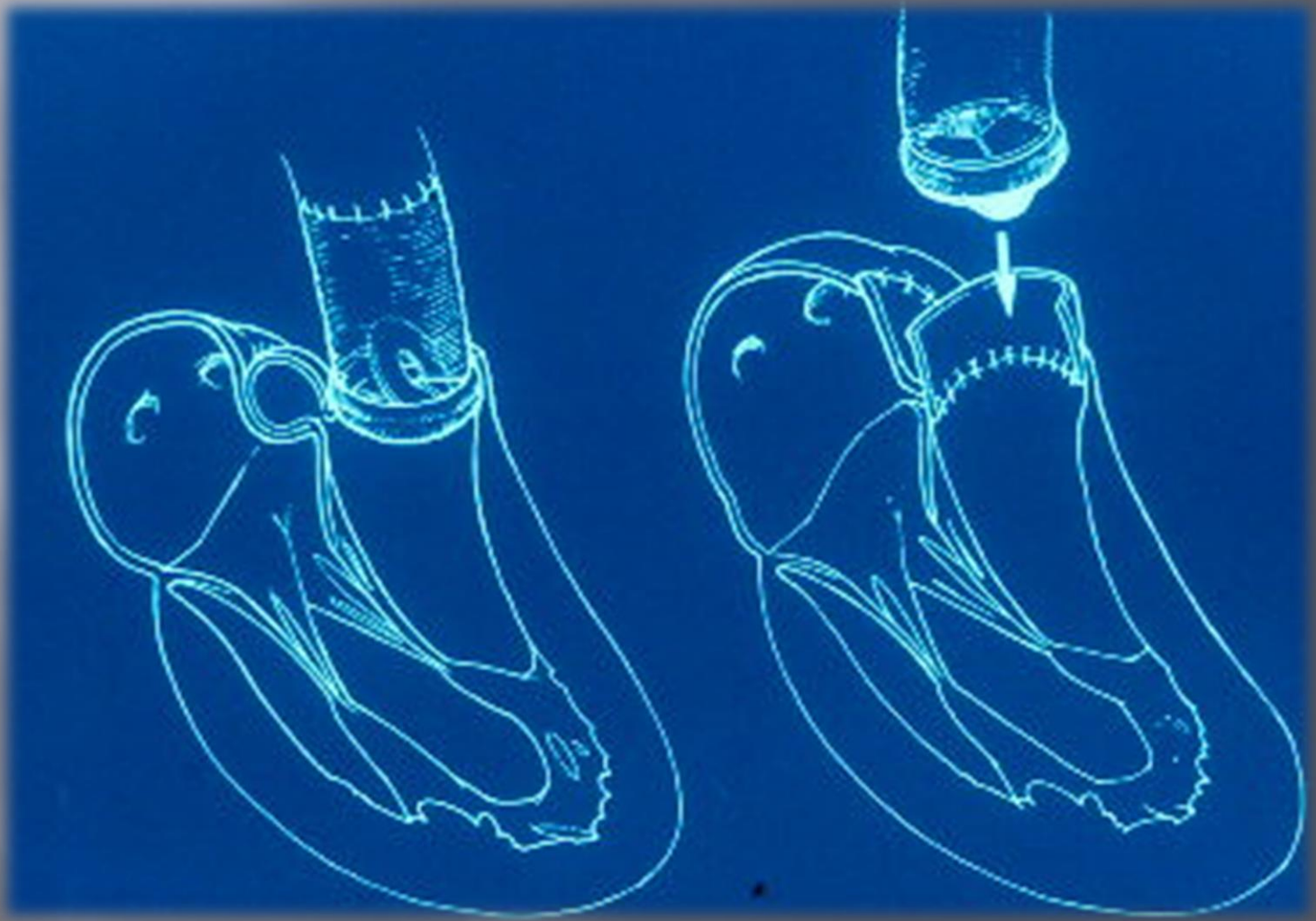


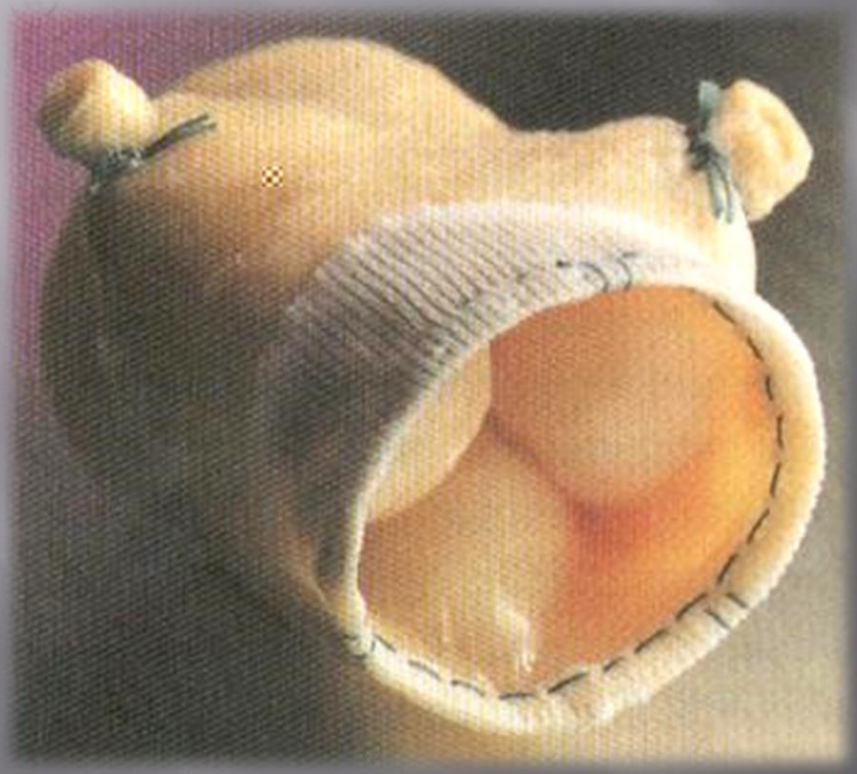
Endocarditis Aórtica “COMPLICADA” (I)

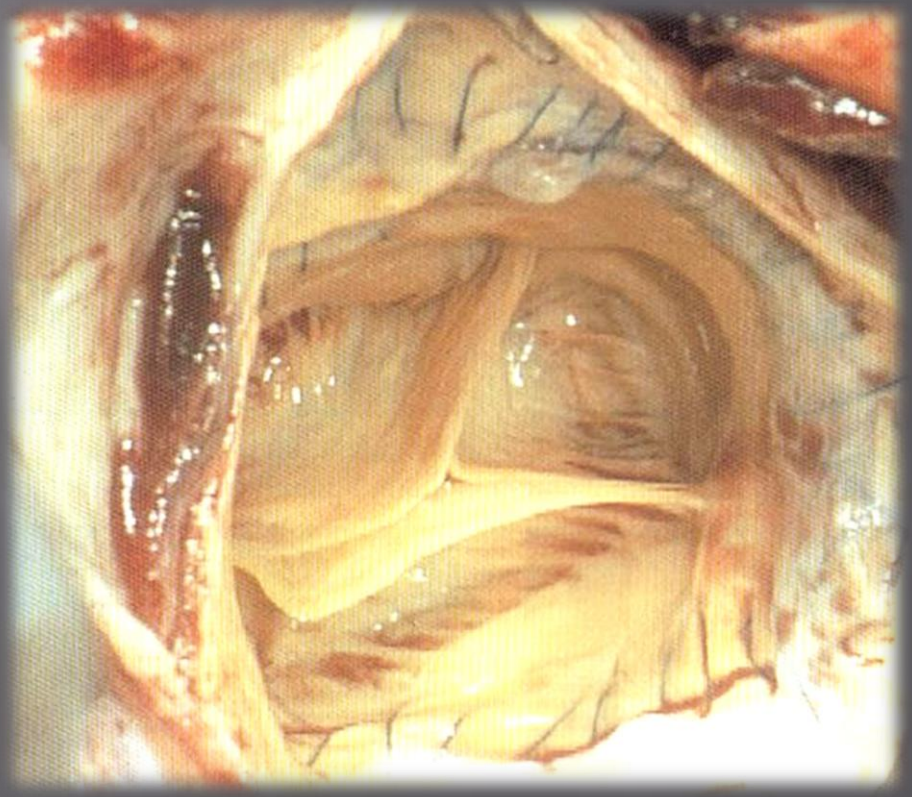


Endocarditis Aórtica “COMPLICADA” (II)

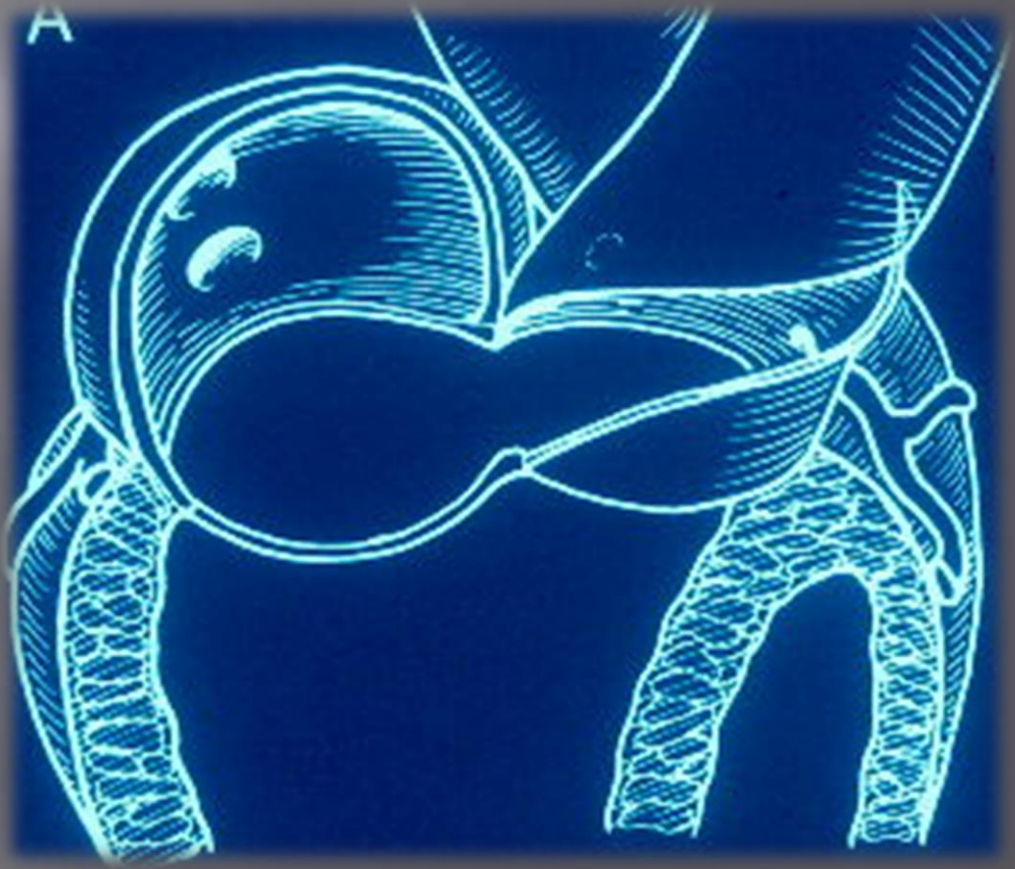


Sustitución raíz aórtica con Xenoinjerto sin soporte.

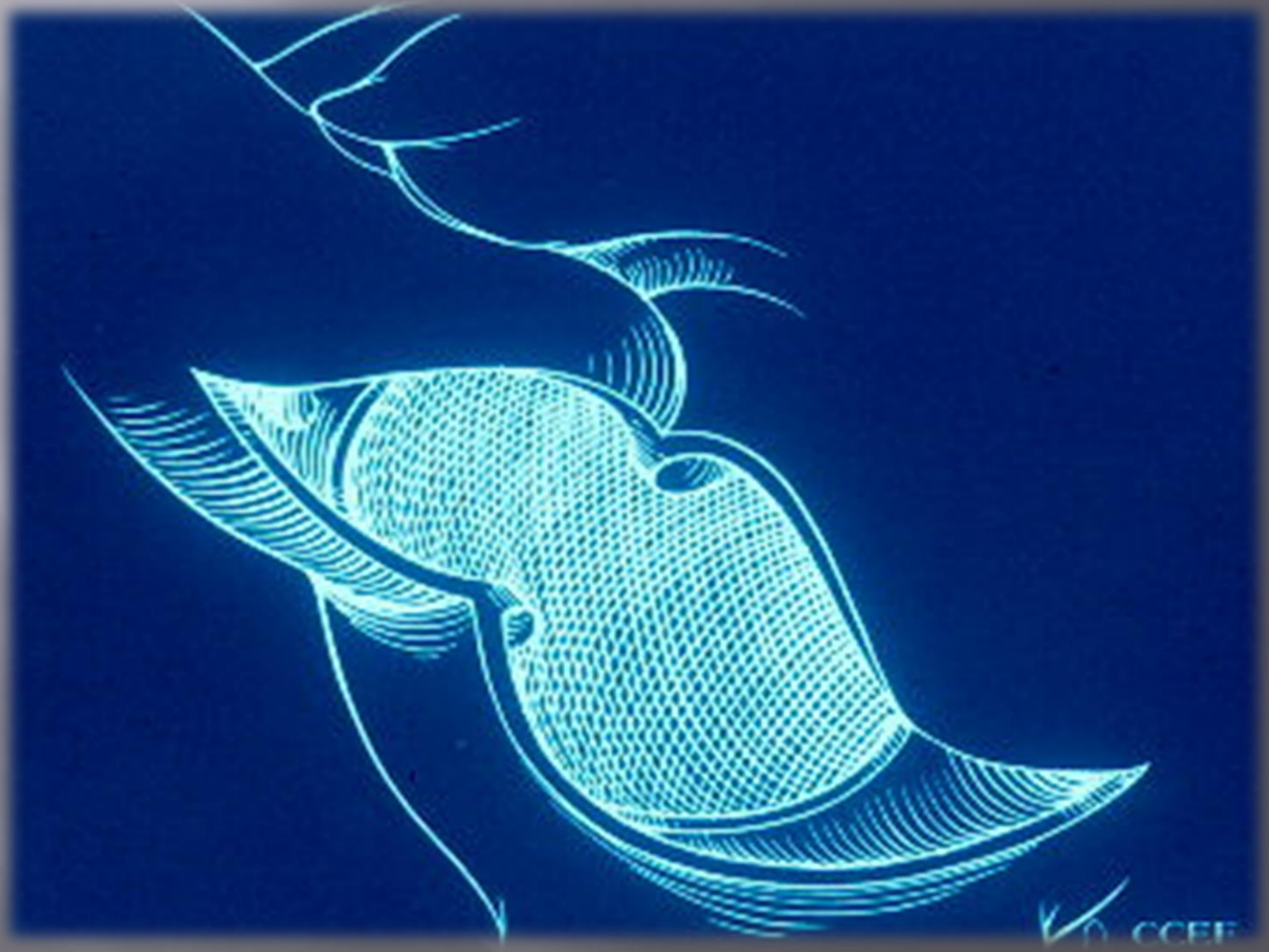




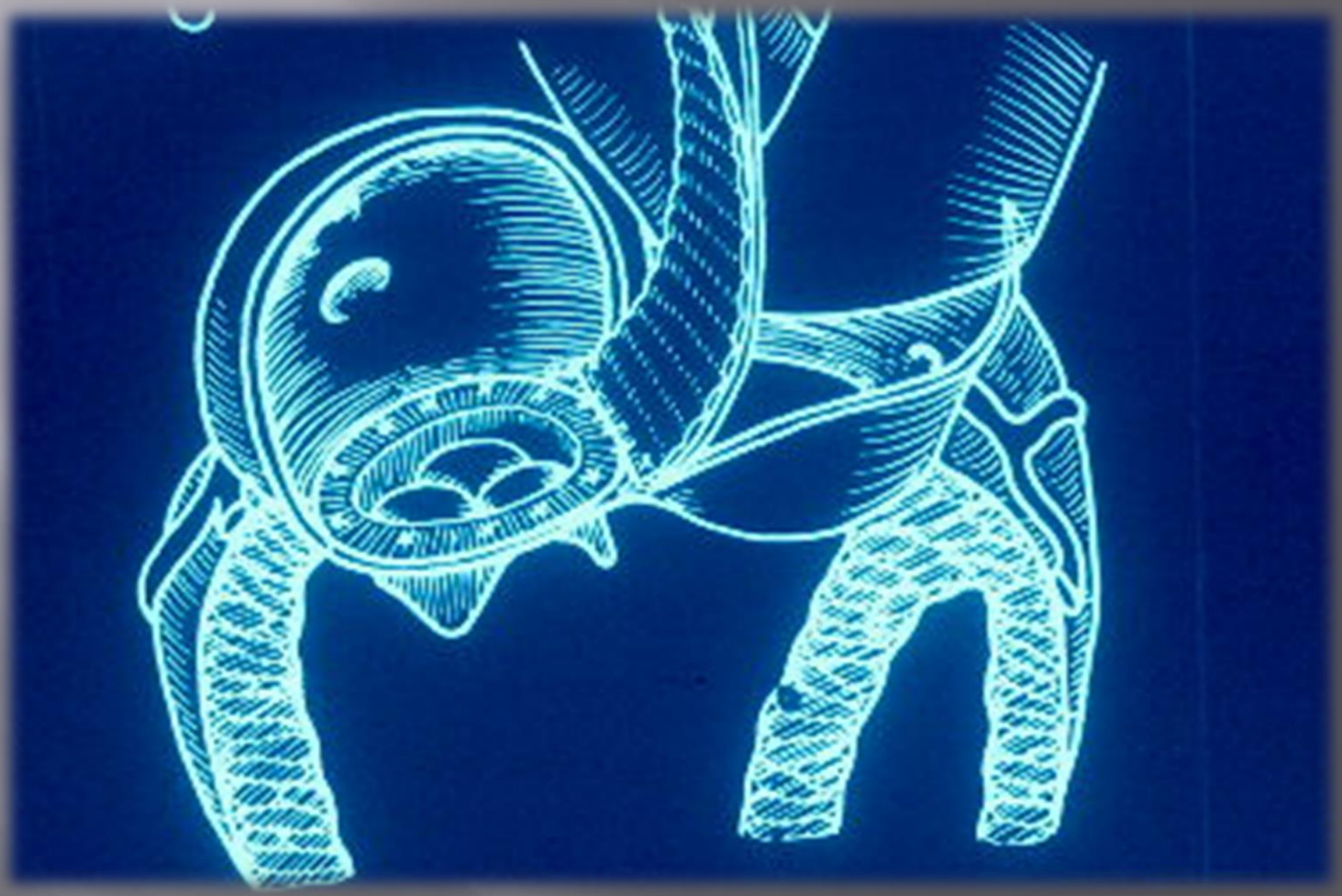
Desbridamiento continuidad mitro-aórtica (I).

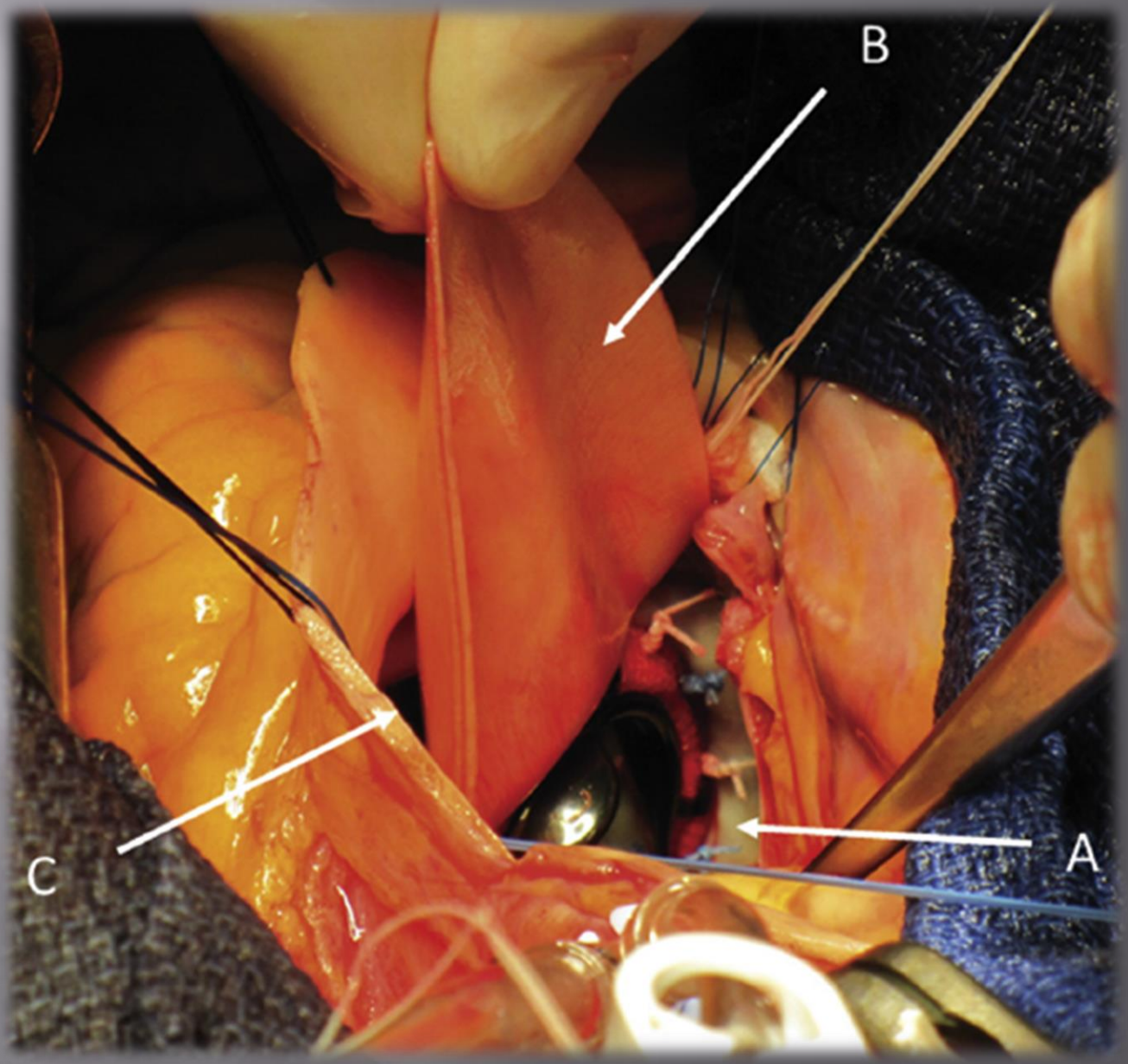


Desbridamiento continuidad mitro-aórtica (II).

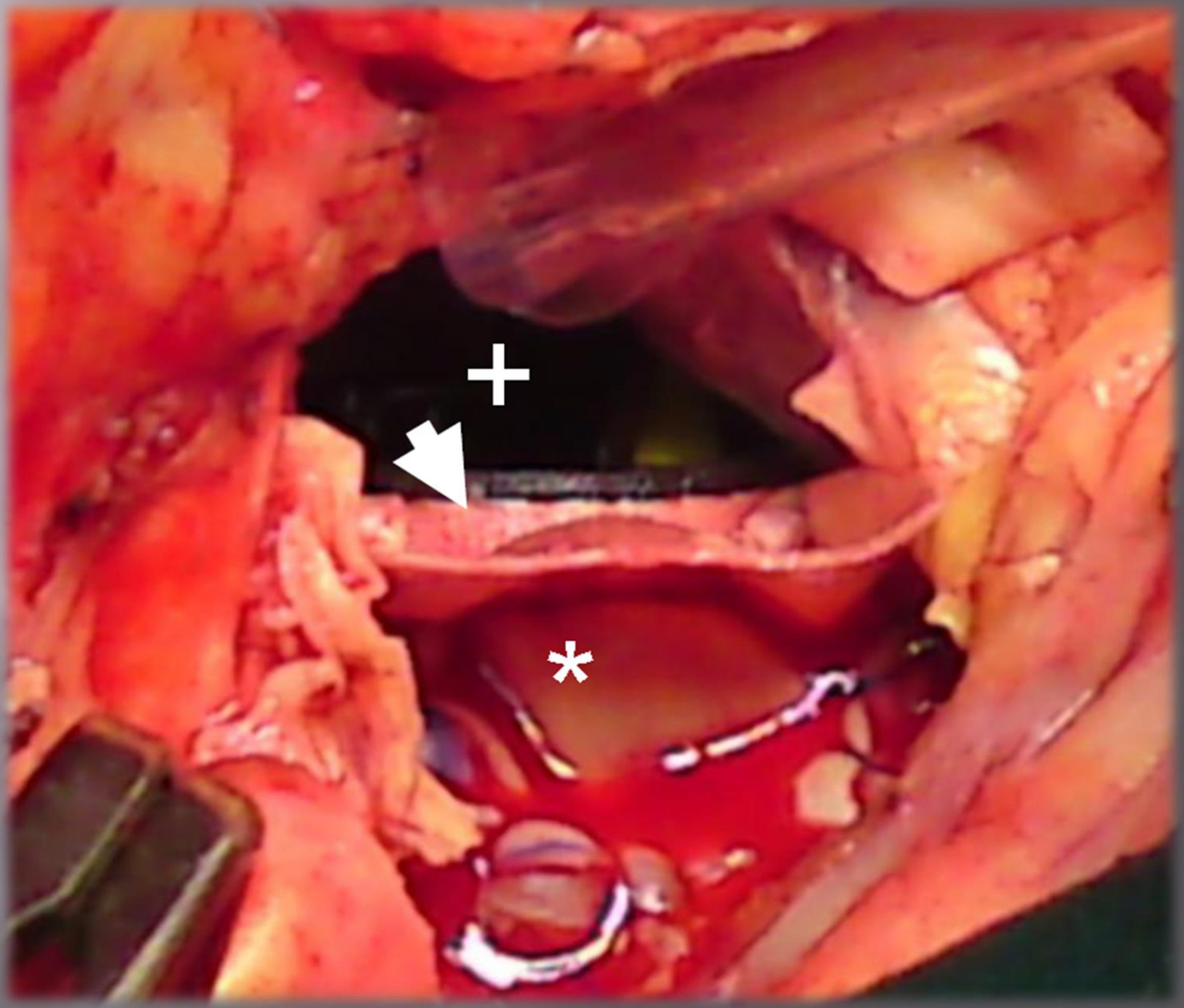


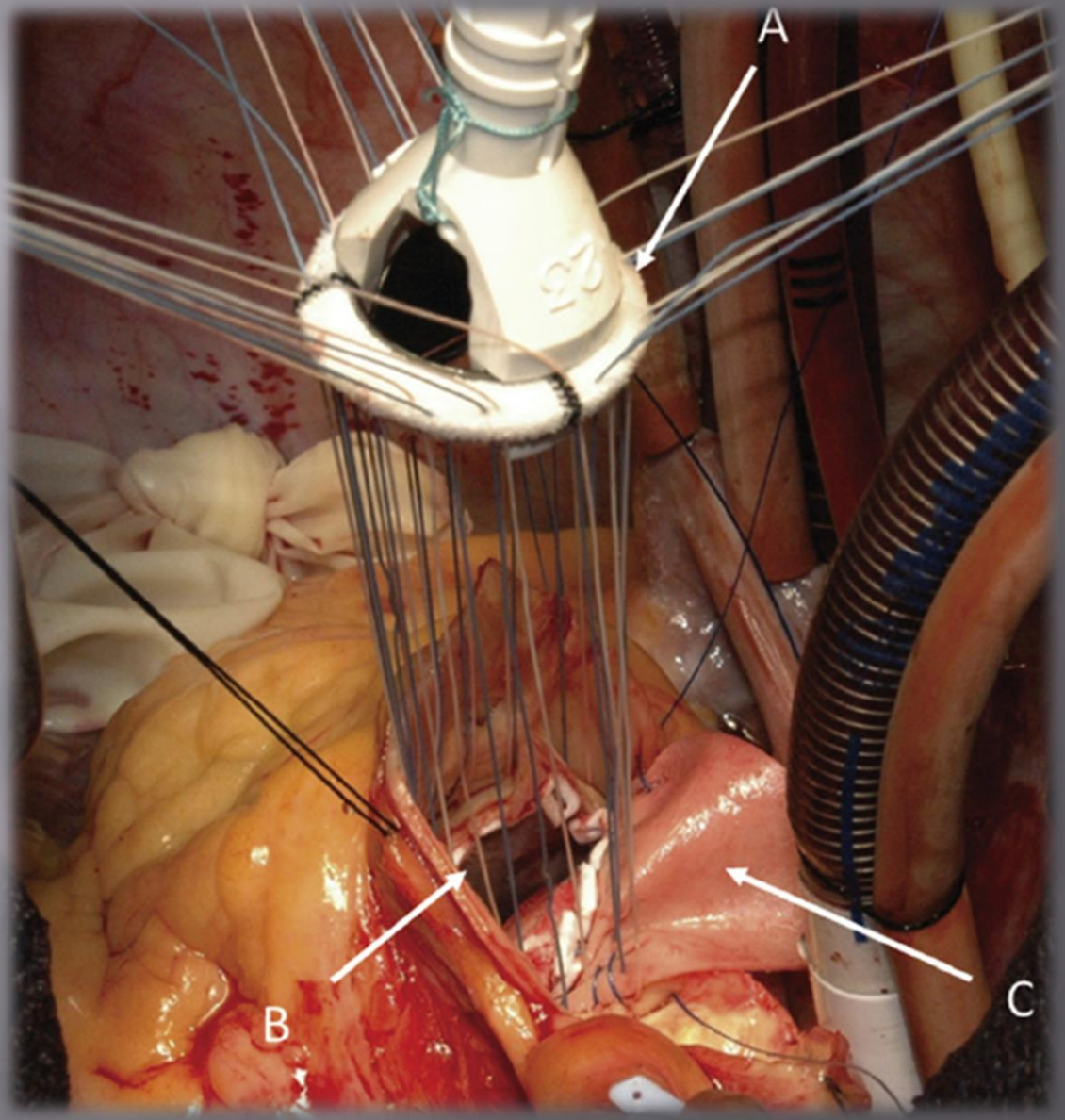
Reconstrucción continuidad mitro-aórtica (I).





Forteza A, Ann Thorac Surg 2015;99:838-46.





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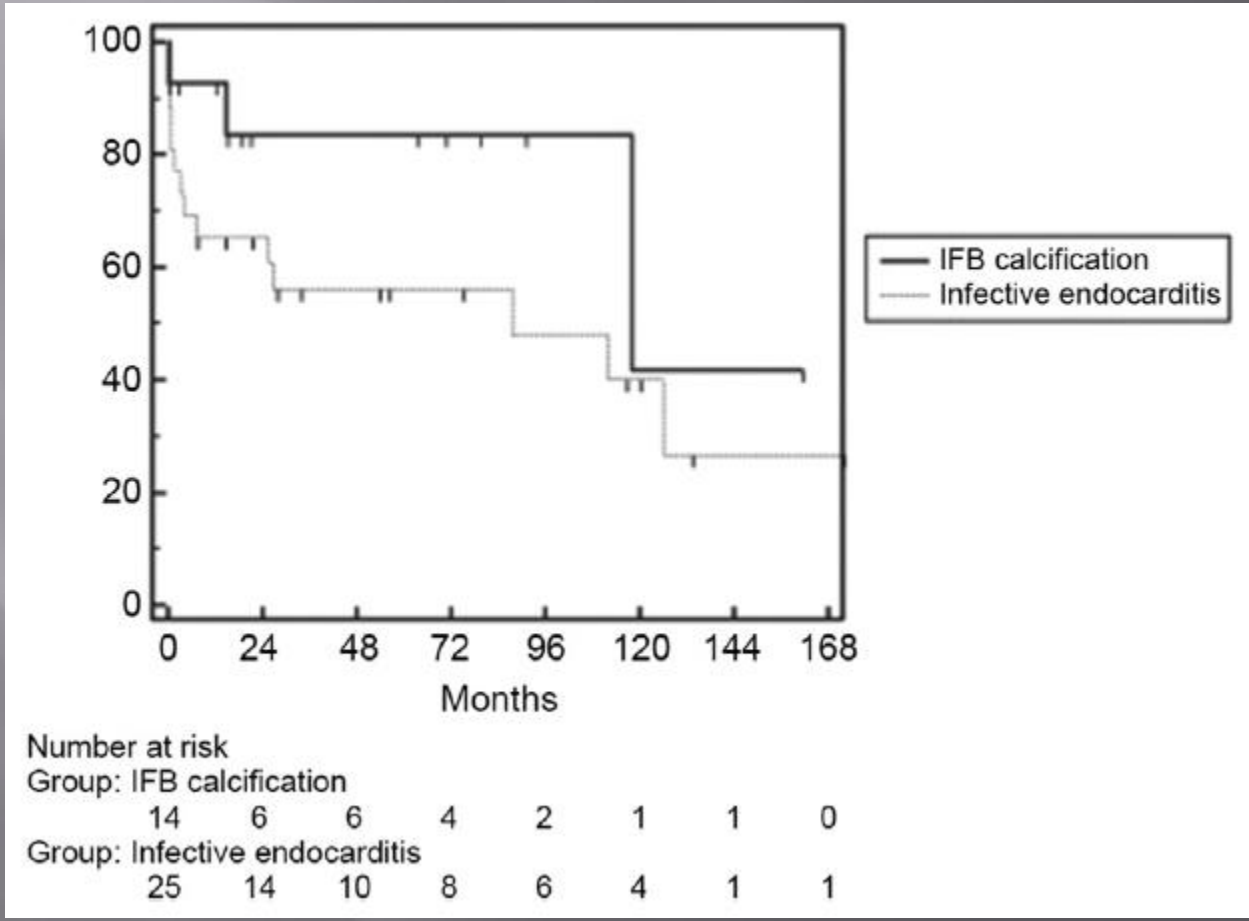
Reconstrucción continuidad mitro-aórtica y doble sustitución valvular.

Outcomes in Aortic and Mitral Valve Replacement With Intervalvular Fibrous Body Reconstruction



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Management of infective endocarditis: challenges and perspectives

Moreover, the skill and experience of the surgeons in the specialty of infective endocarditis are one of the most important points that affect mortality, but no controlled study will ever provide this evidence because valvular surgery in this context is a very "surgeon-dependent" therapy. The two primary objectives of surgery are total removal of infected tissues and reconstruction of cardiac morphology. The type of prosthetic valve has no influence on prognosis,[98] and valvular repair is always preferable when possible.[33,35] Surgical series have shown that the surgical results are more related to a surgeon's recognition of and ability to remove all infected tissues than to the type of valve used for a replacement.[37,38] However, because

Lancet 2012; 379: 965–75

Management of infective endocarditis: challenges and perspectives

type of valve used for a replacement.[37,38] However, because infective endocarditis is a rare disease associated with the most severe valvular damage, surgical training is difficult and requires a long time. Hence, the creation of a specialised surgical department, in which all of the severe cases from a specific region would be regrouped, is of crucial importance for the increase of team experience and improvement of patient prognosis.

Lancet 2012; 379: 965–75

Conclusiones:

Escenario:

- **débil evidencia científica.**
- **diagnóstico y tratamiento inicial tras complicaciones.**
- **baja casuística y complejidad técnica.**

1. **Importancia estratificación precoz, seguimiento multidisciplinar experto y "manejo agresivo" (cirugía precoz y experta).**

2. **Desbridamiento radical + Reconstrucción con material biológico + Tratamiento Antibiótico prolongado.**