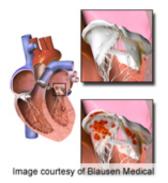


Early surgery ups outcomes in infective endocarditis

June 28 2012



For patients with infective endocarditis and large vegetations, early surgery reduces death from any cause and embolic events, compared with conventional treatment, according to a study published in the June 28 issue of the *New England Journal of Medicine*.

(HealthDay) -- For patients with infective endocarditis and large vegetations, early surgery reduces death from any cause and embolic events, compared with conventional treatment, according to a study published in the June 28 issue of the *New England Journal of Medicine*.

Duk-Hyun Kang, M.D., Ph.D., from the University of Ulsan in Seoul, South Korea, and colleagues compared the clinical outcomes for patients with left-sided infective endocarditis, severe valve disease, and large vegetations, randomly assigned to early surgery (37 participants) or conventional treatment (39 participants).



The researchers found that all patients in the early-surgery group underwent <u>valve surgery</u> within 48 hours of randomization, whereas in the conventional-treatment group, 27 patients had surgery during initial hospitalization and three during follow-up. One patient in the earlysurgery group experienced the primary end point (in-hospital death or embolic events within six weeks of randomization), compared to nine (23 percent) in the conventional-treatment group (hazard ratio, 0.10). At six months of follow-up there was no significant difference in all-cause mortality between the groups. At six months, the rate of a composite end point of death from any cause, embolic events, or recurrence of infective endocarditis occurred in 3 and 28 percent of the early-surgery and conventional-treatment groups, respectively (hazard ratio, 0.08).

"As compared with conventional treatment, early surgery in patients with <u>infective endocarditis</u> and large vegetations significantly reduced the composite end point of death from any cause and embolic events by effectively decreasing the risk of <u>systemic embolism</u>," the authors write.

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Citation: Early surgery ups outcomes in infective endocarditis (2012, June 28) retrieved 23 May 2024 from <u>https://medicalxpress.com/news/2012-06-early-surgery-ups-outcomes-infective.html</u>

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