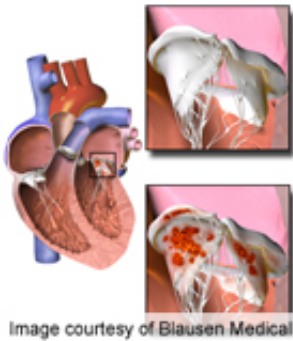


Early surgery ups outcomes in infective endocarditis

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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 [valve surgery](#) 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 early-surgery 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 [infective endocarditis](#) and large vegetations significantly reduced the composite end point of death from any cause and embolic events by effectively decreasing the risk of [systemic embolism](#)," the authors write.

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