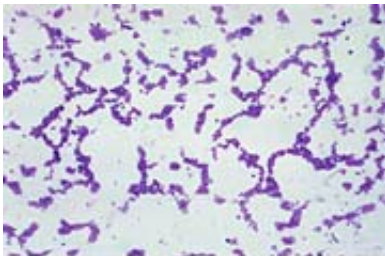


# Cardiovascular IED infections have distinct features, outcomes

October 14 2012

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Photomicrograph of Gram-positive *Staphylococcus aureus* bacteria  
Source: U.S. Centers for Disease Control and Prevention

Cardiovascular implantable electronic device infections caused by *Staphylococcus aureus* and coagulase-negative staphylococci have distinct clinical features and outcomes, according to research published in the Oct. 15 issue of *The American Journal of Cardiology*.

(HealthDay)—Cardiovascular implantable electronic device (CIED) infections caused by *Staphylococcus aureus* (*S. aureus*) and coagulase-negative staphylococci (CoNS) have distinct clinical features and outcomes, according to research published in the Oct. 15 issue of *The American Journal of Cardiology*.

Katherine Y. Le, M.D., M.P.H., from the Mayo Clinic in Rochester, Minn., and colleagues retrospectively reviewed all cases of CIED infection seen at the Mayo Clinic from 1991 through 2008 to assess device and [host factors](#), clinical features, and patient outcomes.

Of the 280 cases of staphylococcal CIED infections, the researchers found that 43.9 percent were due to *S. aureus* and 56.0 percent were attributable to CoNS. Initially implanted devices were more frequently affected by *S. aureus* CIED infection. Corticosteroid therapy, hemodialysis, implanted catheters, prosthetic valves, and remote sources of bacteremia were associated with late *S. aureus* CIED infection cases as opposed to late CoNS cases. Compared with CoNS endovascular infections, cases of *S. aureus* endovascular infections had significantly longer duration of bacteremia (56.0 versus 20.3 percent  $\geq 3$  days), longer hospitalization (37.4 versus 15.2 percent  $> 20$  days), and increased mortality (25.2 versus 9.5 percent). A history of multiple device revisions and a higher number of total and abandoned leads at presentation were significantly associated with CoNS CIED infections versus *S. aureus*.

"In conclusion, CIED infections due to *S. aureus* and CoNS have distinct clinical features and outcomes," the authors write.

**More information:** [Abstract](#)  
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