INSUFICIENCIA VALVULAR SEVERA CON O SIN INSUFICIENCIA CARDIACA: ¿ESTÁ SIEMPRE INDICADA LA CIRUGÍA?

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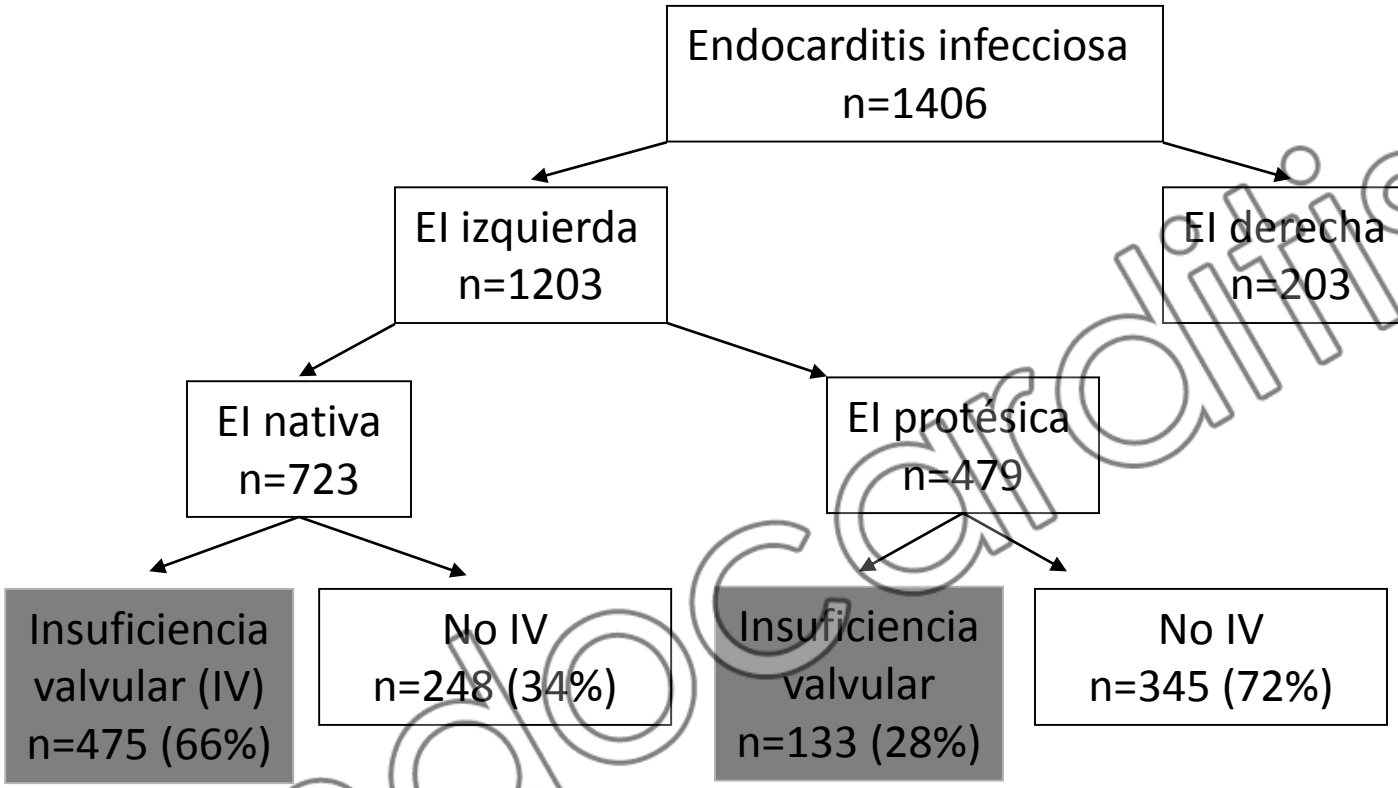
Hospital Clínico Universitario de Valladolid

Insuficiencia cardiaca en la EI



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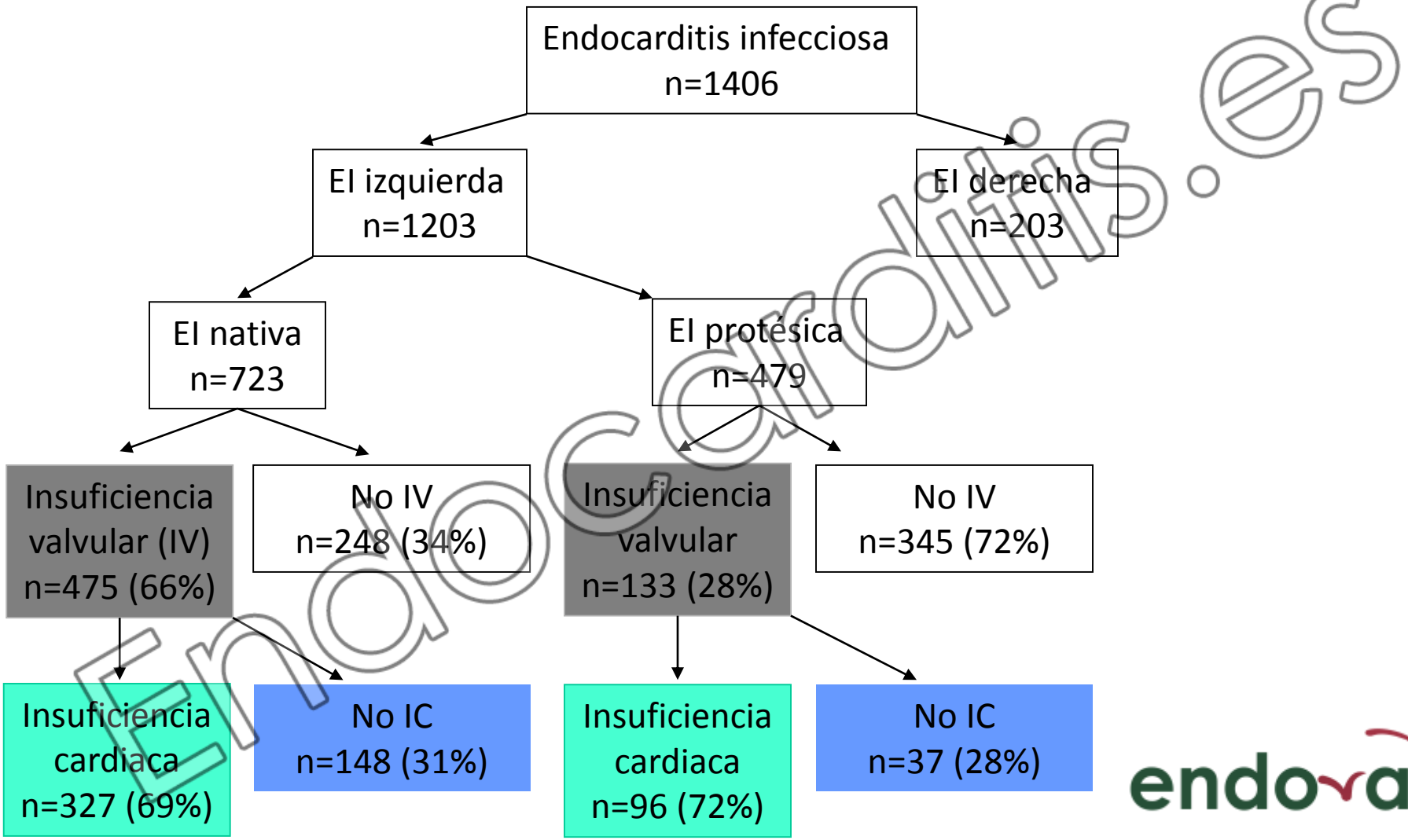

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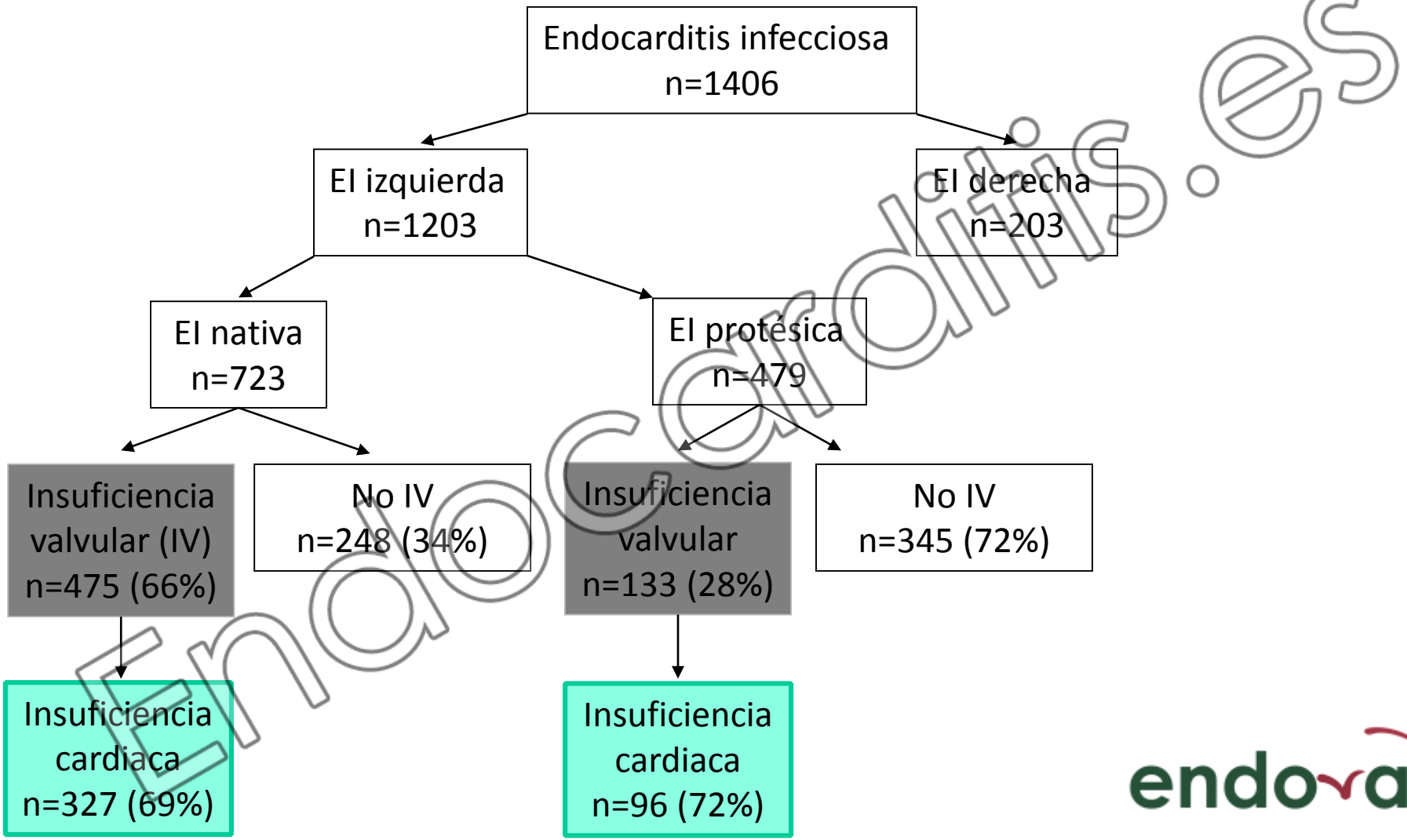

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Insuficiencia valvular con insuficiencia cardiaca

Indications for surgery	Timing[a]	Class[b]	Level[c]
1. Heart failure			
Aortic or mitral NVE or PVE with severe acute regurgitation, obstruction or fistula causing refractory pulmonary oedema or cardiogenic shock	Emergency	I	B
Aortic or mitral NVE or PVE with severe regurgitation or obstruction causing symptoms of HF or echocardiographic signs of poor haemodynamic tolerance	Urgent	I	B
2. Uncontrolled infection			
Locally uncontrolled infection (abscess, false aneurysm, fistula, enlarging vegetation)	Urgent	I	B
Infection caused by fungi or multiresistant organisms	Urgent/ elective	I	C
Persisting positive blood cultures despite appropriate antibiotic therapy and adequate control of septic metastatic foci	Urgent	IIa	B
PVE caused by staphylococci or non-HACEK gram-negative bacteria	Urgent/ elective	IIa	C
3. Prevention of embolism			
Aortic or mitral NVE or PVE with persistent vegetations >10 mm after one or more embolic episode despite appropriate antibiotic therapy	Urgent	I	B
Aortic or mitral NVE with vegetations >10 mm, associated with severe valve stenosis or regurgitation, and low operative risk	Urgent	IIa	B
Aortic or mitral NVE or PVE with isolated very large vegetations (>30 mm)	Urgent	IIa	B
Aortic or mitral NVE or PVE with isolated large vegetations (>15 mm) and no other indication for surgery[e]	Urgent	IIb	C

Indicaciones quirúrgicas de la endocarditis. *Eur Heart J 2015;36:3075-3123*

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Insuficiencia cardiaca y cirugía cardiaca

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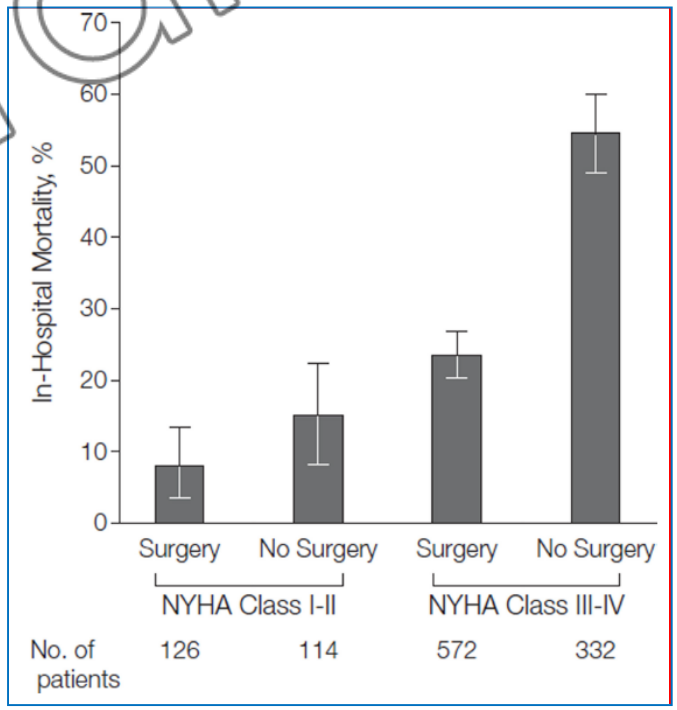
- 1359 insuficiencia cardiaca (33%)
- 906 NYHA III-IV (67%)

62% cirugía

Mortalidad total: 29,7%

Cirugía: protector de mortalidad



JAMA 2011;306:2239-2247

Insuficiencia cardiaca y cirugía cardiaca

Clinical and prognostic profile of patients with infective endocarditis who need urgent surgery

Ana Revilla[1]*, Javier López[1], Isidre Vilacosta[2], Eduardo Villacorta[1], María J. Rollán[3], José R. Echevarría[1], Yolanda Carrascal[1], Salvatore Di Stefano[1], Enrique Fulquet[1], Enrique Rodríguez[2], Luis Fiz[1], and José A. San Román[1]

ESC European Society of Cardiology

391 EI izquierda

89 cirugías urgentes

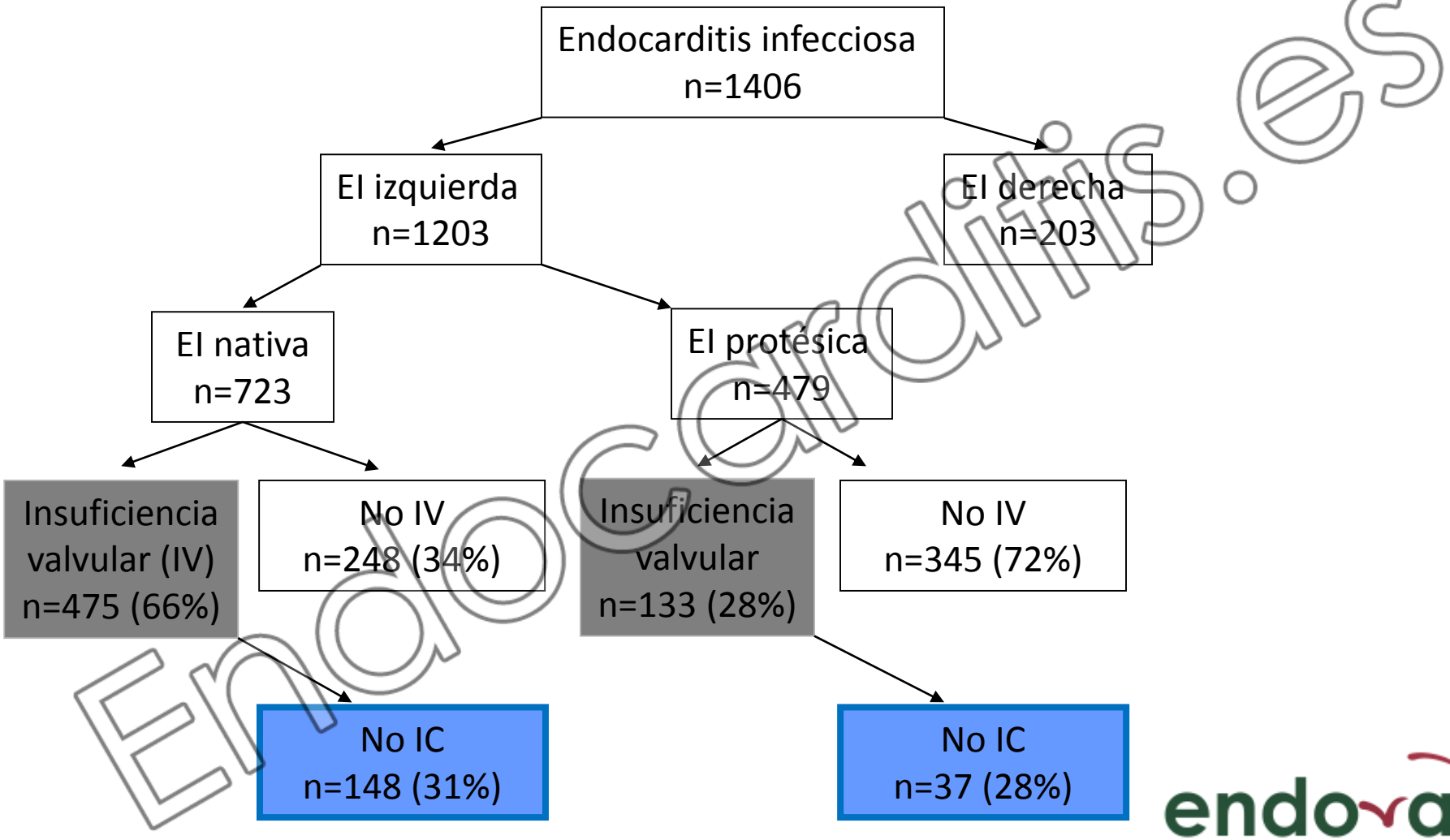
- 72% por IC
- 31% por infección persistente

Table 7 Multivariate analysis for the event (in-hospital death)

	B (coefficient)	Significance	OR	95% CI
Heart failure	−0.111	0.838	0.895	0.308–2.598
Renal failure	1.068	0.040	2.909	1.049–8.069
Persistent infection	1.254	0.018	3.504	1.236–9.934
Constant	−1.399	0.006	0.247	

Eur Heart J 2007;28:65-71

Insuficiencia valvular sin IC



endoval

Insuficiencia valvular sin insuficiencia cardiaca

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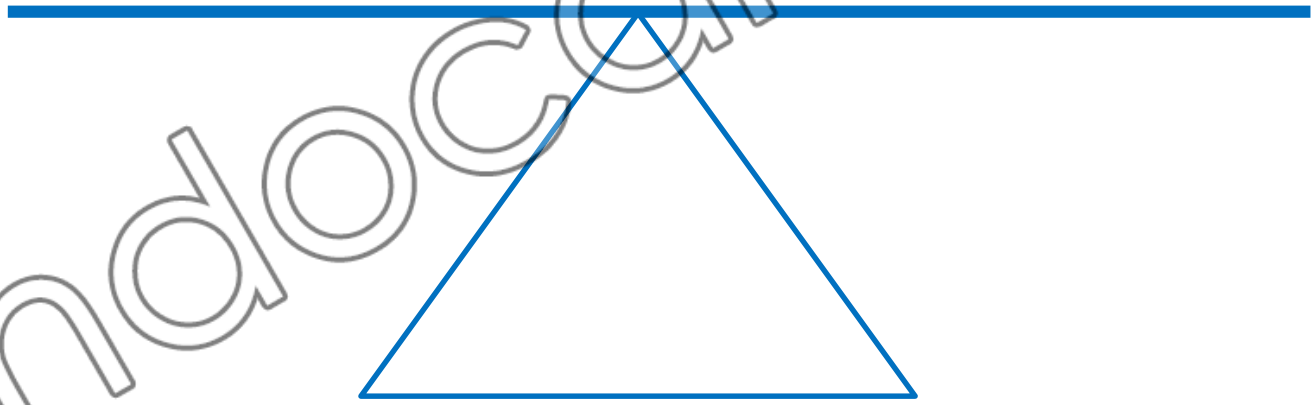
Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

A favor del tratamiento médico

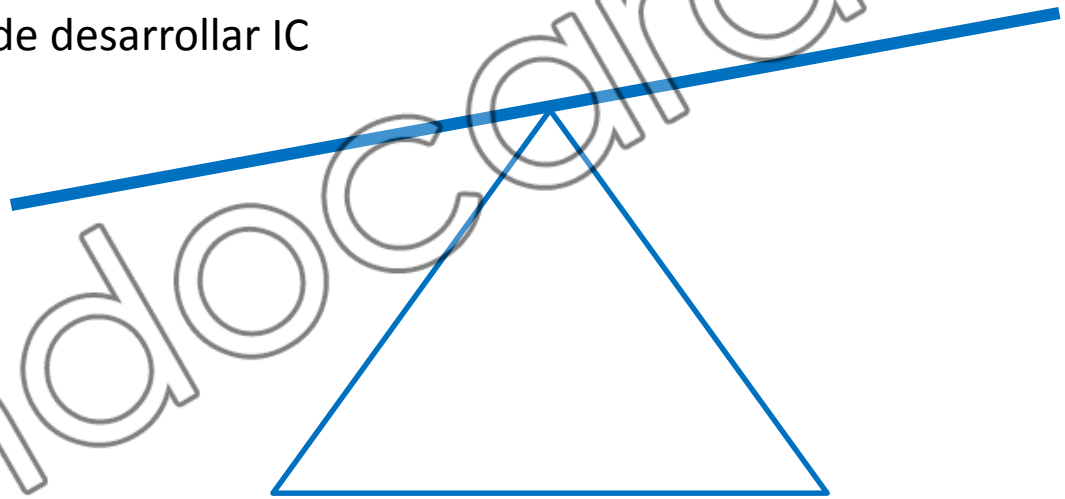


Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

A favor del tratamiento médico

✓ Riesgo de desarrollar IC

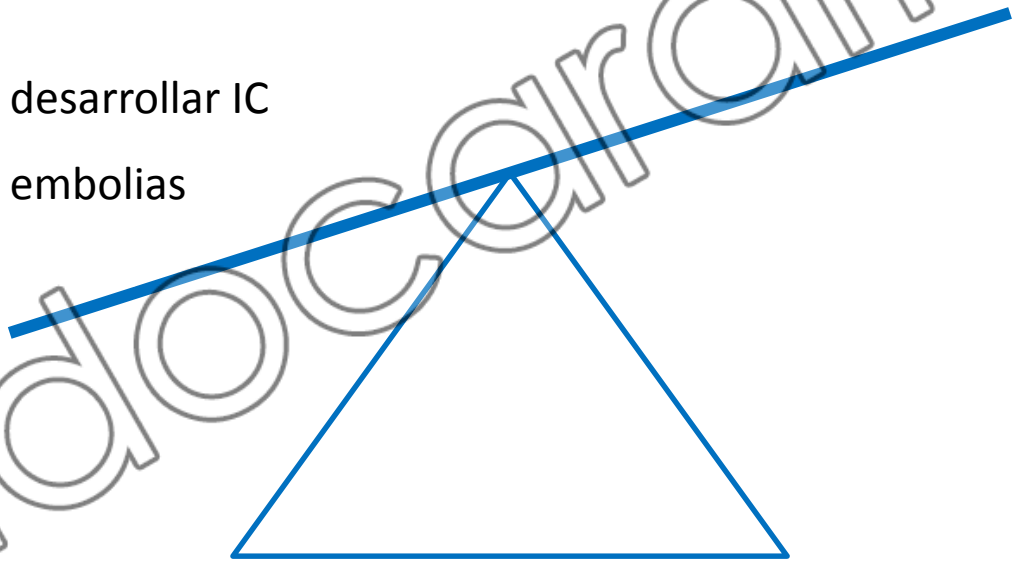


Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

A favor del tratamiento médico

- ✓ Riesgo de desarrollar IC
- ✓ Riesgo de embolias



Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

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- ✓ Riesgo de desarrollar IC
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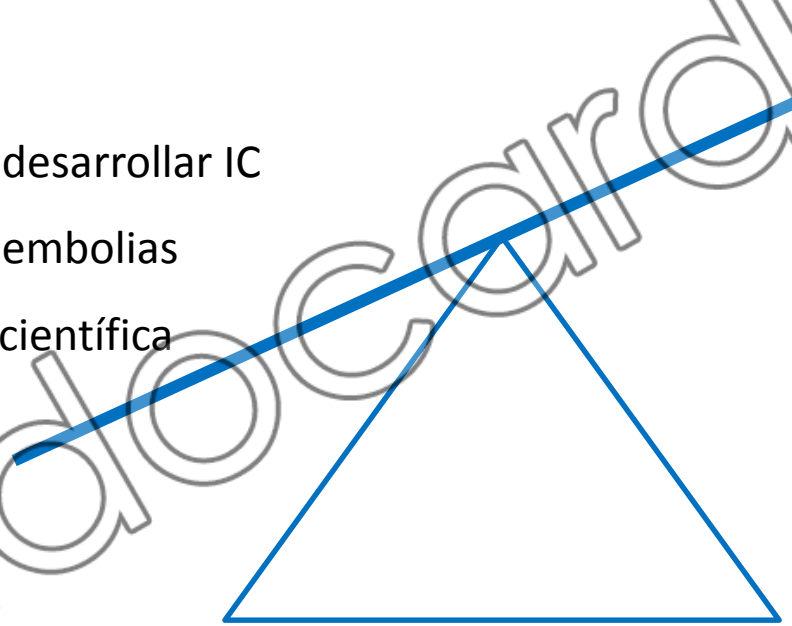
- ✓ Evidencia científica



Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

- ✓ Riesgo de desarrollar IC
- ✓ Riesgo de embolias
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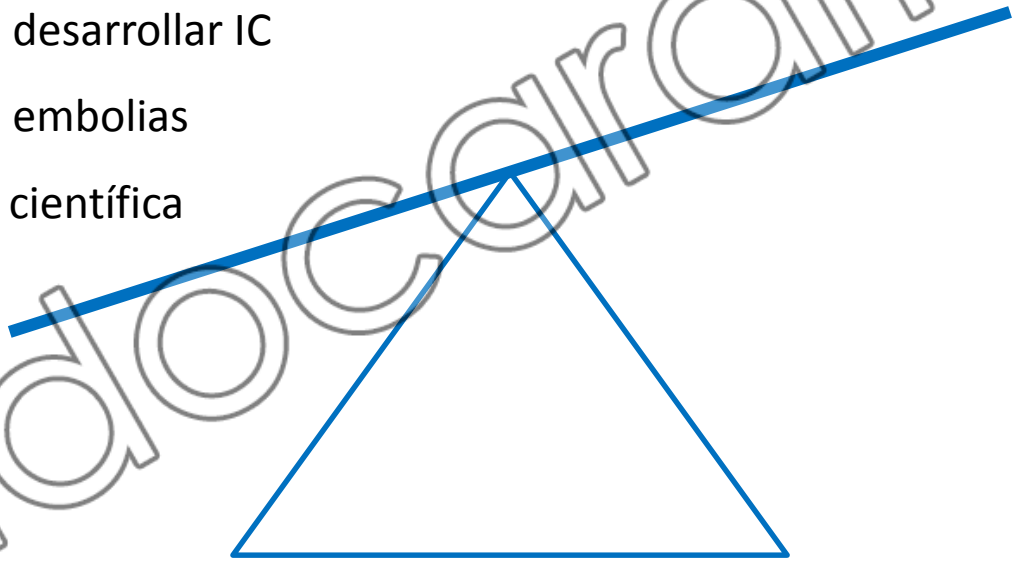
A favor del tratamiento médico

- ✓ Riesgo de la intervención



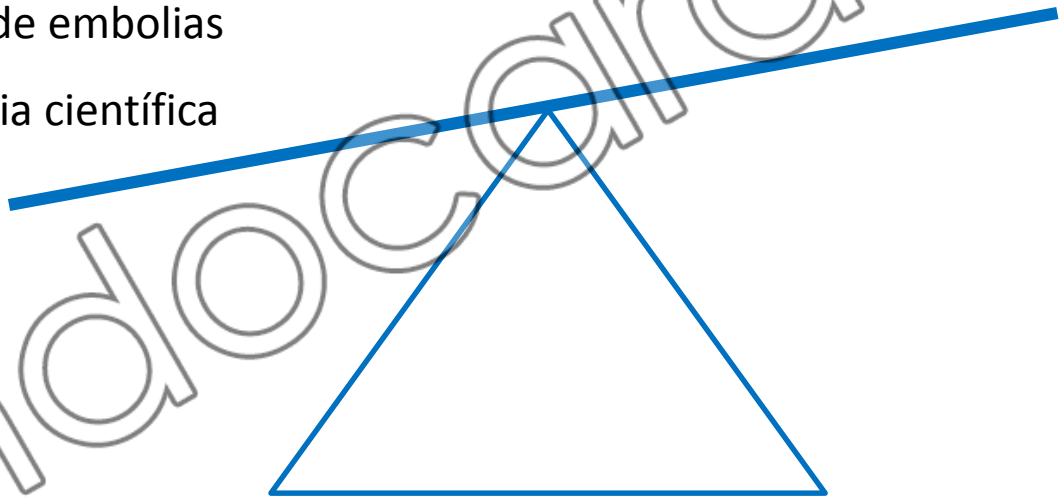
Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía

- ✓ Riesgo de desarrollar IC
- ✓ Riesgo de embolias
- ✓ Evidencia científica

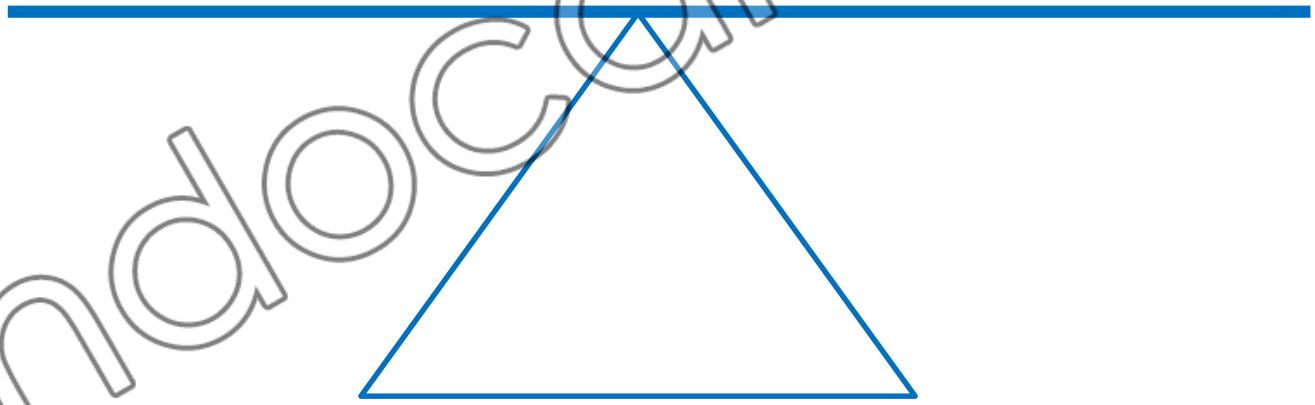
A favor del tratamiento médico

- ✓ Riesgo de la intervención
- ✓ Riesgo de endocarditis protésica precoz



Insuficiencia valvular sin insuficiencia cardiaca

A favor de la cirugía	A favor del tratamiento médico
✓ Riesgo de desarrollar IC	✓ Riesgo de la intervención
✓ Riesgo de embolias	✓ Riesgo de endocarditis protésica precoz
✓ Evidencia científica	✓ Falta de evidencia científica



Insuficiencia valvular sin insuficiencia cardiaca

Early Surgery versus Conventional Treatment for Infective Endocarditis

Duk-Hyun Kang, M.D., Ph.D., Yong-Jin Kim, M.D., Ph.D.,
Sung-Han Kim, M.D., Ph.D., Byung Joo Sun, M.D., Dae-Hee Kim M.D., Ph.D.,
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Suk Jung Choo, M.D., Ph.D., Cheol-Hyun Chung, M.D., Ph.D.,
Jae-Kwan Song, M.D., Ph.D., Jae-Won Lee, M.D., Ph.D.,
and Dae-Won Sohn, M.D., Ph.D.

Criterios de inclusión

- ✓ Endocarditis definitiva
- ✓ Insuficiencia mitral o aórtica nativa severa
- ✓ Vegetación mayor de 10 mm

New Engl J Med 2012:366:2466-247

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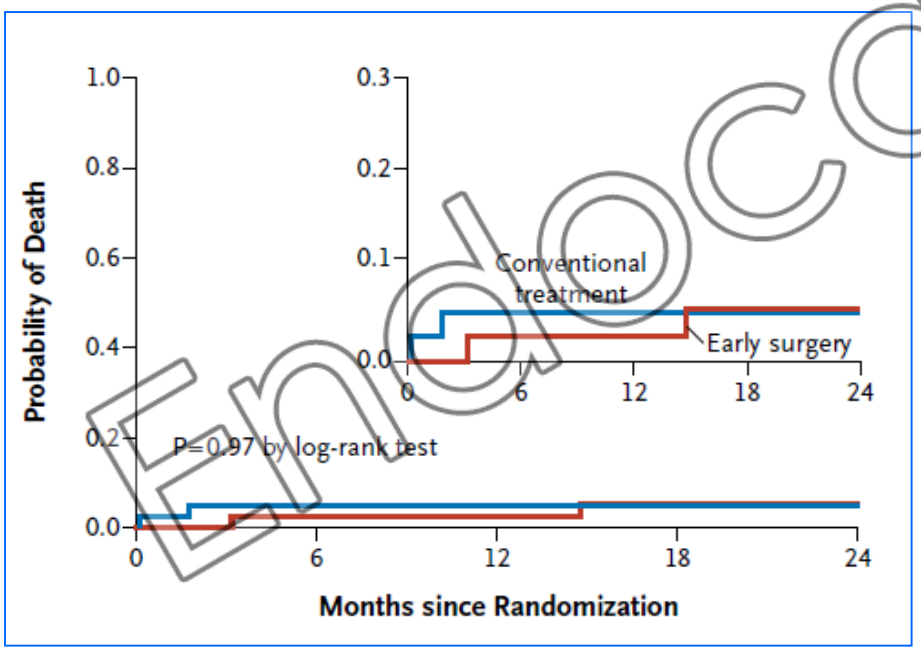

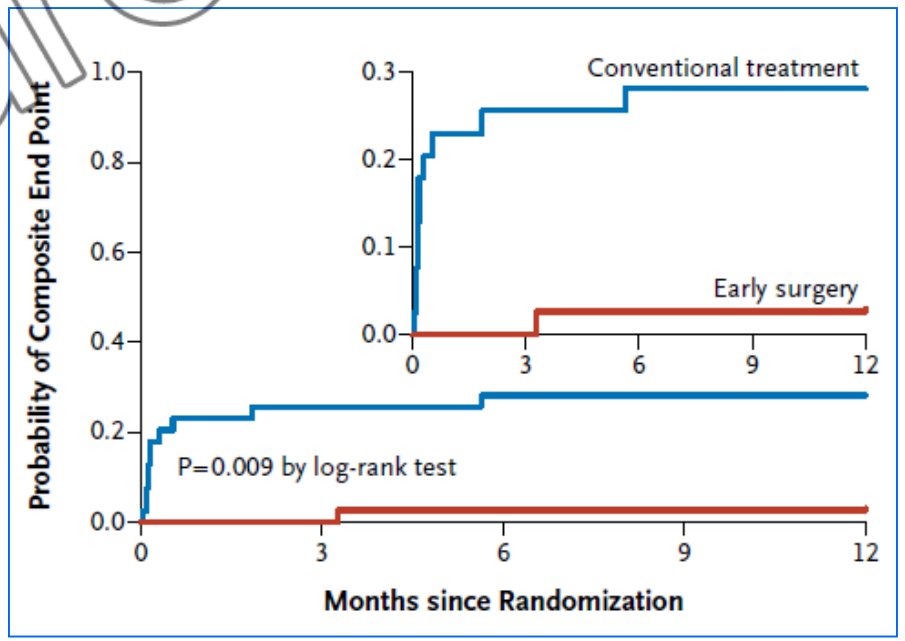

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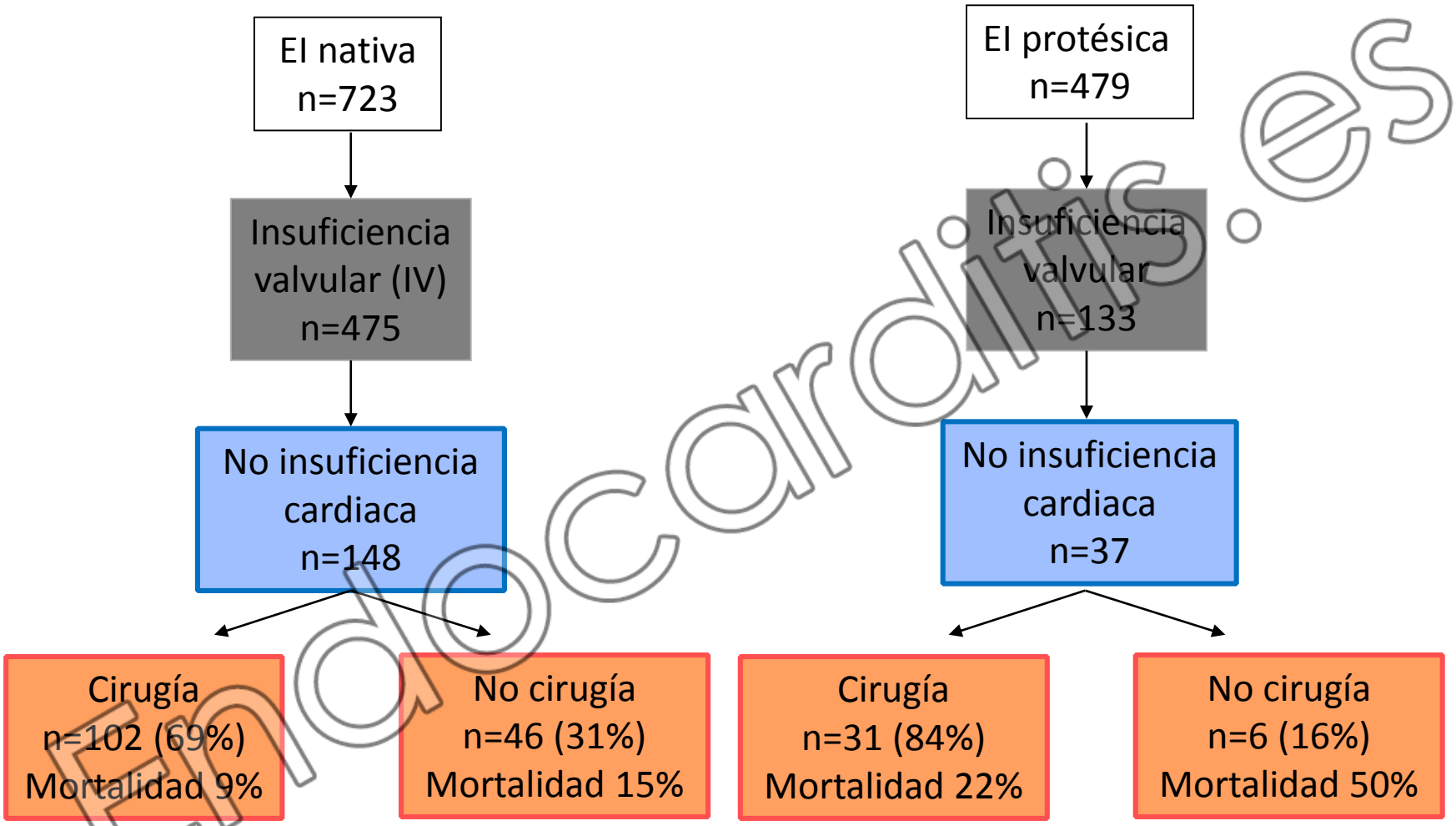
Limitaciones

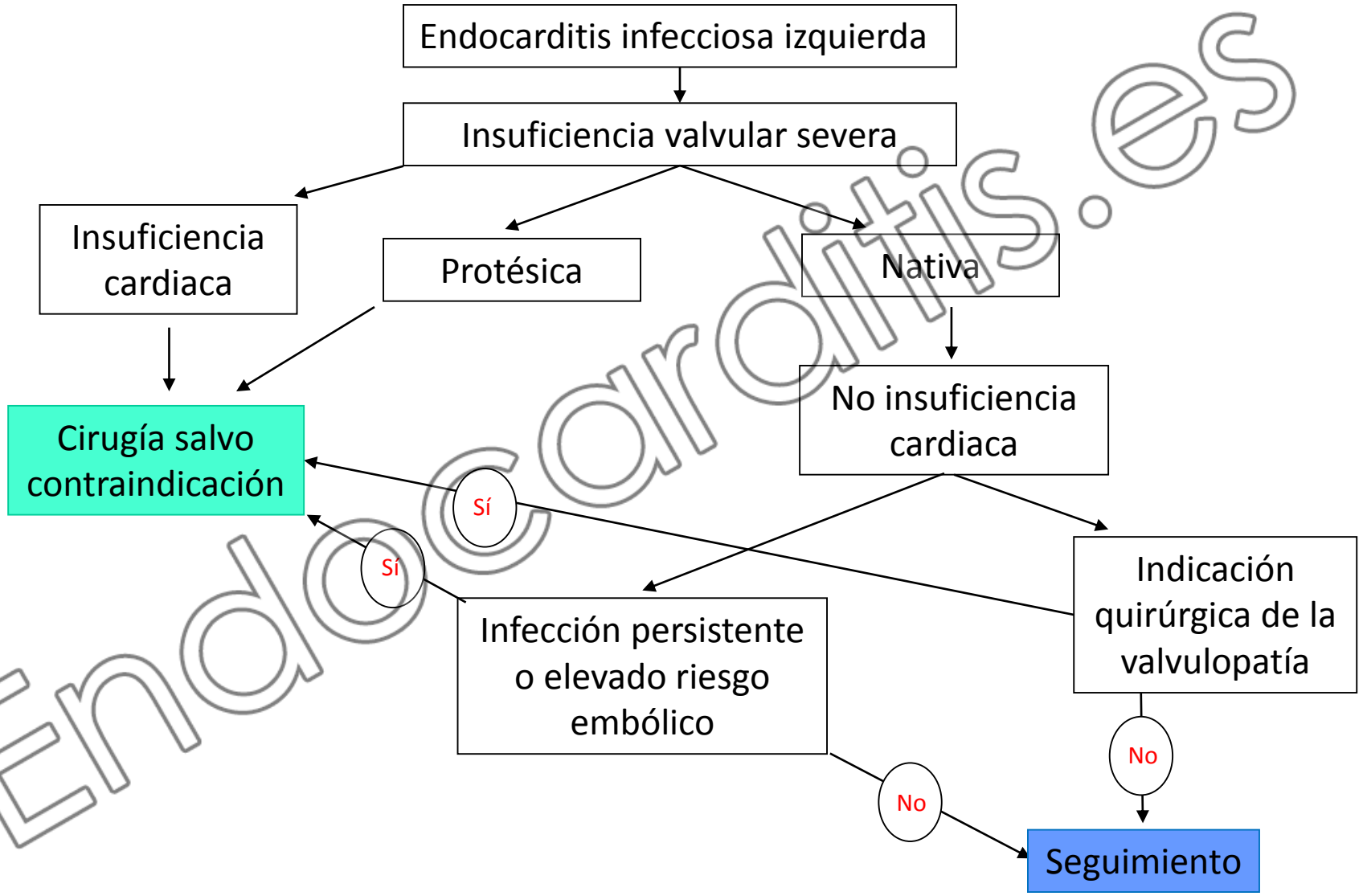
- Pocos pacientes (n=76)
- Unicéntrico (71 de 76)
- No efecto sobre la mortalidad; sólo sobre embolias
- Severidad desconocida de los eventos embólicos
- Muy baja mortalidad quirúrgica (3%)
- Población de bajo riesgo (11% *S. aureus,* Euroscore 6,5%)
- Más prótesis que reparaciones en el grupo de cirugía precoz (64% vs 35%)

New Engl J Med 2012:366:2466-247

Actitud en EI con insuf. valvular sin IC



Algoritmo de decisión



Conclusiones

- ✓ La insuficiencia valvular es muy frecuente en EI nativas
- ✓ La insuficiencia cardiaca aparece en el 70% de los pacientes con EII con insuficiencia valvular
- ✓ Pacientes con insuficiencia valvular severa e insuficiencia cardiaca deben ser intervenidos con carácter urgente
- ✓ Pacientes con insuficiencia valvular severa sin insuficiencia cardiaca: individualizar. Fundamental los equipos especializados

Insuficiencia cardiaca y cirugía cardiaca

Heart failure in left-sided native valve infective endocarditis: characteristics, prognosis, and results of surgical treatment

Table 3 Results of logistic regression and Cox multivariable models including clinical prognostic factors

Predictors of in-hospital mortality ($n = 259$)	OR	95% CI	*P*-value
Comorbidity index	0.98	0.8–1.1	0.88
Uncontrolled infection	4.3	1.8–9.8	0.0005
Congestive heart failure	3.8	1.7–9.0	0.0013
Major neurological event	4.2	1.5–11.6	0.0054
S. aureus infective endocarditis	4.6	1.6–10.7	0.0021
Abscess	1.3	0.5–3.3	0.54
Early surgery	0.25	0.09–0.64	0.0041

Predictors of 1 year mortality	HR	95% CI	*P*-value
Total population ($n = 259$)			
Comorbidity index	1.1	1.1–1.2	0.019
Uncontrolled infection	2.1	1.3–3.5	0.002
Congestive heart failure	1.8	1.1–3.0	0.007
Major neurological event	2.2	1.2–4.0	0.006
S. aureus infective endocarditis	2.1	1.3–3.3	0.002
Abscess	1.3	0.8–2.2	0.26
Early surgery	0.44	0.27–0.82	0.0086
Patients with IE complicated by CHF ($n = 108$)			
Comorbidity index	1.0	0.9–1.2	0.27
Uncontrolled infection	3.1	0.4–6.7	0.33
Major neurological event	1.7	0.6–4.7	0.26
S. aureus infective endocarditis	1.5	0.8–3.2	0.20
Abscess	1.0	0.5–2.2	0.81
Early surgery	0.45	0.22–0.93	0.03

Nadji G. Eur J Heart Failure 2009;11:668-675

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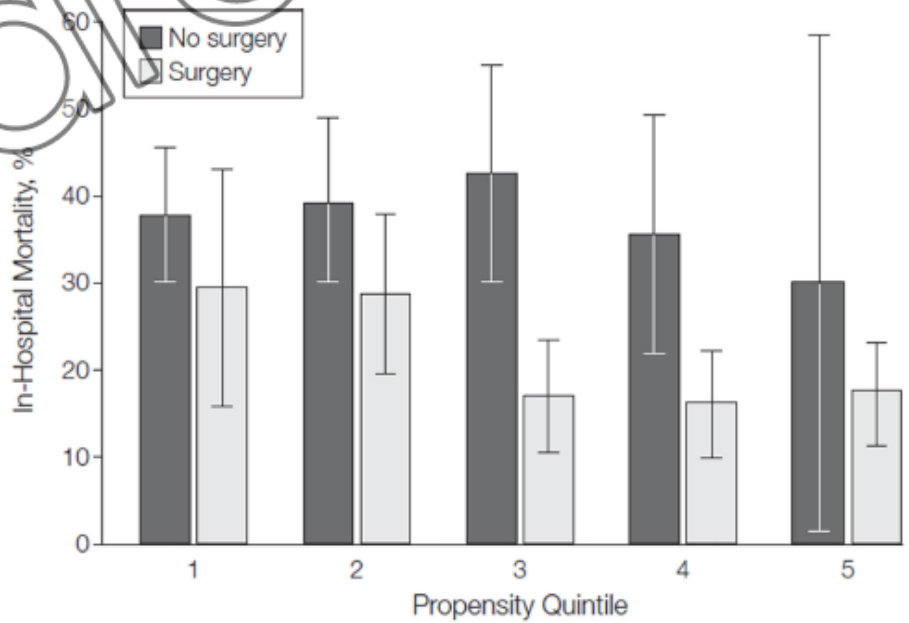

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