


## Aha acc endocarditis guidelines

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Diagnostic accuracy PET/CT 18F-FDG with Infectious Endocarditis and Implantable Heart Electronic Device Infection: Cross-Use Study. J Nucl Med. 2016;57:1726-32. Article CAS PubMed Google Scholar Page 2 This article is on the 64th percentile (rated 87,581st) out of 246.74 7 tracked articles of a similar age in all journals and

68th percentile (rated 9th) of 29 tracked articles of a similar age in the journal Nuclear Cardiology View More on Altmetric Altmetric calculates the score based on the online attention the article receives. Each color thread in the circle represents a different type of online focus. Room in the center Score. Social media and mainstream media are the main sources that calculate the score. Reference managers such as Mendelei are also tracked but do not contribute to the assessment. Older articles often speak higher because they had more time to get noticed. To account for this, Altmetric has included contextual data for other articles of the same age. Oct 28, 2015 David S. Bach, MD, FACC Authors: Baddour LM, Wilson WR, Bayer AS, et al; on behalf of the American Heart Association Committee on Rheumatic Fever, Endocarditis and Kawasaki Disease of the Youth Cardiovascular Diseases Council, the Council of Clinical Cardiology, the Council on Cardiovascular Surgery and Anesthesia and the Stroke Council. Citation: Infectious endocarditis in adults: diagnosis, antimicrobial therapy and complications management: Scientific statement for health professionals from the American Heart Association. Circulation 2015;132:1435-1486. This scientific statement for medical professionals from the American Heart Association is a 2015 update of the 2005 iteration on the same topic-infectious endocarditis (IE) in adults. Here are the key points to remember: Definition. The definition of IE is based on amended Duke criteria, including pathological criteria (evidence of microorganisms) and clinical criteria; and is a definite, possible or rejected IE. Blood cultures. At least three sets of blood cultures must be obtained from different places of venipuncture, with the first and second separated for at least 1 hour. Echocardiography. Transthoracic Echocardiography (TTE) should be obtained promptly in all patients suspected of being IE. Transesophageal Echocardiography (TEE) should be performed if the initial TTE images are inadequate or negative in patients with a persistent suspicion of IE, or with an initially positive TTE among patients with concerns about intracardial complications. If there is a high suspicion of IE, despite the negative TEE, TEE should be repeated after 3-5 days. In addition, TEE should be repeated in a patient with an initially positive TEE, if clinical features involve a new complication of intracardia. Finally, TTE is prudent at the end of antibiotic therapy in order to establish a new baseline. Potential need for surgery. The following clinical and echocardiographic features indicate a potential need for surgery: sustainable vegetation after systemic embolization. The front mitral leaf is vegetation, especially the 10 mm  $\geq$ 1 embolical event during the first 2 weeks of antimicrobial therapy. Increase in vegetation size, despite appropriate antimicrobial therapy. Acute aortic or mitral with signs of heart failure. Heart failure does not respond to medical therapy. Paravalvular expansion. Valvular dehiscence, rupture or formation of fistulas. A new heart block. A large abscess or or abscess, despite the appropriate antimicrobial therapy. Antimicrobial therapy. Specific antibiotic treatment recommendations are made for: Native valve is very susceptible (MIC  $\leq$ 0.12 microgram/ml) viridans group streptococcus (VGS) IE. VGS and S gallolyticus (bovis) with MIC  $\geq$ 0.12 to defective and Granulicatella species, and VGS with penicillin MIC  $\geq$ 0.5 micrograms/ml VGS or S gallolyticus involving prosthetic material. Staphylococci. Staphylococci using a prosthetic material. Enterococci. HACEK microorganisms. Non-HACEK gram-negative bacillus. Culturally-negative endocarditis. Mushrooms. Early surgery (native valve IE). Early valve surgery is recommended, or should be considered, for native left-sided IE in the following scenarios: valve dysfunction as a result of symptoms or signs of heart failure. IE caused by fungi or highly resistant organisms. IE is complicated by a heart block, a ring-shaped abscess, or devastating perforations of lesions. Permanent infection (bacteria or fever) lasting 5-7 days after the onset of appropriate antimicrobial therapy, provided that other sources of infection or fever have been ruled out. Repetitive embolisms or persistent/increasing vegetation, despite appropriate antimicrobial therapy. Early surgery (prosthetic valve IE). Early valve surgery is recommended, or should be considered, for IE Valve prosthetics in the following scenarios: Symptoms or signs of heart failure as a result of valve dehisitis, fistula intracardia, or severe prosthetic dysfunction. Persistent bacteria are 5-7 days after the start of appropriate antimicrobial therapy. The IE prosthetic valve is complicated by a heart block, ring-shaped abscess, or devastating perforations of lesions. IE prosthetic valve caused by fungi or highly resistant organisms. Recurrent embolisms, despite appropriate antimicrobial therapy. Anticoagulation. Among patients with mechanical valve and IE who have experienced a central nervous system (CNS) embolial event, it is reasonable to discontinue all forms of anticoagulation within 2 weeks. Although the continuation of established antithrombocyte therapy is reasonable among patients with IE and no complications of bleeding, aspirin or other antithrombocytic drug should not be initiated as an additional therapy at the time of diagnosis of IE. An image of the CNS. CNS imaging should be performed to detect an intracranial mycotic aneurysm or CNS bleeding in patients with IE who develop severe localized headaches, neurological deficits, or meningeal signs. Clinical topics: Anticoagulation management, arrhythmia and clinical EP, cardiac surgery, heart failure and cardiomyopathy, invasive cardiovascular angiography and intervention, non-invasive imaging, heart disease, implantable devices, cardiac surgery and arrhythmia, cardiac surgery and heart failure, heart surgery and HCD, HCD, Regurgitation Keywords: Anticoagulants, anti-infective agents, cardiac surgery, echocardiography, echocardiography, transesophageal, endocarditis, bacterial, endocarditis, heart block, heart failure, heart valve disease, mitral valve deficiency, clot aggregation inhibitors, acc aha infective endocarditis guidelines. prophylaxis for infective endocarditis guidelines aha acc. endocarditis prophylaxis acc aha guidelines. acc aha guidelines for endocarditis surgery. infective endocarditis acc aha guidelines 2015. acc/aha guidelines-prosthetic valve endocarditis. acc/aha guidelines for use of echocardiography in patients with infective endocarditis

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