

Clinical and Bacteriological Characteristics of Infective Endocarditis in the Elderly

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ABSTRACT

Background: Infective endocarditis (IE) is a rare but severe disease that increasingly involves older patients: more than one-third is indeed over 70 years old in Western countries nowadays. In this patient setting, IE displays several peculiarities, as predisposing cardiac conditions, clinical and echocardiographic features and microorganisms involved. The mortality also tends to be higher than in the general population.

Subjects and result: From January 1993 to June 2016; we collected 18 cases of patients older than 65 years (7 male and 8 female) treated for infective endocarditis during this period in our region. Mean age was 71.6 years (67- 76 years). 10 Elderly IE patients had diabetes mellitus. On examination 15 of 18 had fever, all patients had dyspnea ; 12 patients had new regurgitant murmur, 4 of 18 had hemodynamic compromise (shock) and 8 had symptoms of congestive heart failure. Biology had shown inflammatory syndrome in all cases and functional renal failure in 10 cases. Prosthetic IE and pacemaker line infection were confirmed in 7 cases. Degenerative valve disease was significantly high. The germs encountered were: The streptococcus and staphylococcus rates were 27.8 % and 9.8% respectively. A dental portal of entry was more often found in 50% of the cases. Late death rate (n=4) was higher than in hospital mortality (n=3).

Conclusion : IE is becoming more common in the elderly population with peculiarities in patient characteristics and bacteria involved. This evolution raises new issues and leads clinicians to deal with specific problems in the management of this severe disease. The elders' characteristics (performance status, disability) and their impact on the treatment and the prognosis of IE may deserve great attention. Geriatricians should be more involved in this perspective.