

## **Infective Endocarditis in Elderly Patients**

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### **ABSTRACT**

**Introduction:** Recent studies have shown remarkable changes in epidemiological and clinical features of infective endocarditis. In the 1950s, its incidence was maximal in 20-30 year old patients and only 5% of patients were over 60. Nowadays, the incidence of infective endocarditis has increased dramatically in patients older than 50 years, reaching a peak at 70-74 years. As life span is progressively increasing, this trend is likely to continue.

**Subjects and result:** From January 1993 to June 2016 ; 233 consecutive patients with definite acute infective endocarditis, according to DUKE criteria, were prospectively enrolled in our database. Among these, 18 patients older than 65 years (group I=7,7%) were analysed and compared to 215 (group II=82.3%) younger patients. The comorbidity index such as diabetes mellitus, hypertension and dyslipidemia was significantly higher in the Group I. No difference was observed between the two groups concerning fever level and biological data. Prosthetic IE and pacemaker line infection were significantly more frequent in group I (n=7). Rheumatic valvular heart disease was higher in group II although degenerative valve disease was significantly higher in group II. The germs encountered were similar between the two groups of patients. The streptococcus and staphylococcus rates were 22.2%,

27.8 % and 9.8%, 23.3% for groups I and II respectively. A dental portal of entry was more often found in 50% of group 1 patients and in 26% of group 2 patients. No difference was observed between the two groups in terms of mortality rate. However late death rate was higher in group II.

**Conclusion:** The prognosis of infective endocarditis is worse in the elderly than in younger patients. Therefore, efforts should be made towards better prophylaxis: detection of colonic lesions, use of antibiotic prophylaxis especially in gastrointestinal investigations, and prevention of nosocomial infection by proper use of invasive procedures in an aged population.