SCORUL PROGNOSTIC ÎN ENDOCARDITELE INFECŢIOASE – NOU FACTOR DE PREDICTIBILITATE ÎN EVOLUŢIA BOLII

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PROGNOSTIC SCORE IN INFECTIVE ENDOCARDITIS – INNOVATIVE AND USEFUL PREDICTIBILITY FACTOR FOR DISEASE’S EVOLUTION (Abstract): Aim: Evaluate the potential of evolution in infective endocarditis (IE) according to patient’s personal parameters (biological, clinical and paraclinical), and Carmeli score, as purpose in establishing an appropriate antibiotherapy. Material and methods: Clinico-therapeutic observations concerning a cohort of 868 patients admitted between 1995 and 2008 in three hospital services of Iaşi. The following guide marks were included in the study: age, sex, previous state of heart, left/right sided IE, number of valves implicated, presence of major complications, health care associated IE/nosocomial IE, major associated diseases, type of microorganism implicated/negative blood cultures. According to their importance, the score varied for each between 0 and 2, resulting a global minimum of 1 and a maximum of 10. All scores obtained were correlated with mortality and Carmeli score. Results: Patients with score 1-4 had a mild evolution, > 4 - < 7 usual trends of evolution with mortality close to medium rate, and 7-10 severe, mortality growing at every point with 15-18%. Carmeli score 1 was associated with 1-4 new score, 2 with > 4 - < 7, and 3 with 7-10 score. Antibiotic regimens changed usually during therapy, higher succes rates being obtained in IE with isolated pathogen. Conclusions: As new score may vary during patient's evolution, there is an important connection (especially at the time of admission) – but not similarity – between this new factor and Carmeli score, therapy being highly related to guide proposed regimens. However, antibiotherapy in IE should be applied using a mix of these scores, as there are important interferences due to major prognostic factors proposed in the new score, often needing next level's Carmeli score related antibiotherapy. Key words: INFECTIVE ENDOCARDITIS, NEW SCORE, CARMELI, ANTIBIOTHERAPY, PROGNOSTIC

Definită ca infecție a suprafeței endocardice a cordului, endocardita infecțioasă (EI), rămâne, în ciuda avansului constant în ceea ce privește diagnosticul și tratamentul medical și/sau chirurgical, una dintre cele mai severe infecții cu potențial de evoluție imprevizibil, fiind grevată de o mortalitate crescută. Acest fapt se datorează, în cea mai mare măsură, complicațiilor majore cardiace/extracardiace, a imposibilității frecvente de stabilire a diagnosticului etiologic (aprox. jumătate din cazuri având hemoculturi negative), precum și a implicării din ce în ce mai frecvente a microorganismelor cu rezistență crescută la antibiotice, adesea cu origine nosocomială (1, 2).