Letter by Thuny and Cautela Regarding Article, “Infective Endocarditis After Transcatheter Aortic Valve Implantation: Results From a Large Multicenter Registry”

To the Editor:

We read with interest the recent article by Amat-Santos et al describing the incidence, predictors, clinical characteristics, management, and outcome of infective endocarditis (IE) after transcatheter aortic valve implantation (TAVI). This is a very informative and timely study published in the context of a new paradigm in the treatment of aortic valve stenosis. In a very large sample of patients, they confirmed the severity of this new form of IE and the need for new appropriate diagnostic and therapeutic strategies.

The authors found an IE incidence of 0.5% within the first year after TAVI and only a 22.6% incidence of paravalvular extension in the TAVI-IE group. We believe that these rates are probably and largely underestimated because echocardiography has a lower sensitivity to detect the signs of infection of prosthetic valves, especially in the case of TAVI. Recent cases reports and small series support this comment. Indeed, for prosthetic valve IE, >30% of perianular abscesses or pseudoaneurysms are not detected by transthoracic echocardiography, resulting in a lower sensitivity of the modified Duke criteria and an inappropriate management.4

Although the authors reviewed the “possible” diagnoses of TAVI-IE before to include or excluded them from the study, some could be misclassified if echocardiography had been used as the sole imaging technique. Moreover, the limited diagnostic value of echocardiography to detect abscesses in this context could explain in part the relatively high incidence of relapses in patients who were not operated on. Thus, TAVI-IE is a new form of endocarditis requiring the description of a new imaging semiology by the use of new techniques such as cardiac computed tomography angiography, 18F-fluorodeoxyglucose–positron emission tomography/computed tomography, or radiolabeled leucocytes/single-photon emission computed tomography. These techniques have demonstrated their incremental diagnostic value in difficult cases of prosthetic valve IE, and some have proposed the implement of their results into the modified Duke criteria.4

Did the authors of the present study have any additional data on the incidence, predictors, clinical characteristics, management, and outcome of infective endocarditis (IE) after transcatheter aortic valve implantation (TAVI)?

Disclosures

None.

Franck Thuny, MD, PhD
Service de Cardiologie
Unité Nord Insuffisance Cardiaque et Valvulopathies
Centre Hospitalier Universitaire de Marseille

Jennifer Cautela, MD
Service de Cardiologie
Unité Nord Insuffisance Cardiaque et Valvulopathies
Centre Hospitalier Universitaire de Marseille

References


Letter by Thuny and Cautela Regarding Article, "Infective Endocarditis After Transcatheter Aortic Valve Implantation: Results From a Large Multicenter Registry"
Franck Thuny and Jennifer Cautela

Circulation. 2015;132:e369
doi: 10.1161/CIRCULATIONAHA.115.017333

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/132/23/e369

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org/subscriptions/