Correspondence

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 al1 describing the incidence, predictors, clinical characteristics, management, and outcome of infective endocarditis (IE) after transcatheter aortic valve implantaion (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.2,3 Indeed, for prosthetic valve IE, ≈30% of periannular abscesses or pseudoaneurysms are not detected by transthoracic imaging techniques used to diagnose the most recent TA VI-IE? For the authors of the present study, the modified Duke criteria and an inappropriate management.4

Although the authors reviewed the “possible” diagnoses of TAVI-IE before to include or exclude 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 abscess 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 implementation of their results into the modified Duke criteria.4,5 Did the authors of the present study have any additional data on the approach and perspectives.

References


Disclosures

None.

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