Methods: A total of 439 episodes of definite left-sided endocarditis were prospectively enrolled. Of them, 157 were prosthetic. Of the 157 episodes, 88 (56%) were diagnosed with heart failure. We compared the profiles of patients with prosthetic valve endocarditis based on the presence of heart failure, and performed a multivariate logistic regression model to establish the prognostic significance of heart failure in patients with prosthetic valve endocarditis.

Results: Persistent infection (odds ratio=3.6; 95% confidence interval, 1.9-6.9) and heart failure (odds ratio=3; 95% confidence interval, 1.5-5.8) are the strongest predictive factors of in-hospital mortality in patients with prosthetic valve endocarditis. The short-term determinants of prognosis in patients with prosthetic valve endocarditis and heart failure are persistent infection (odds ratio=2.8; 95% confidence interval, 1.2-6.5), aortic involvement (odds ratio=2.5; 95% confidence interval, 1.2-5.8), abscess (odds ratio=3.4; 95% confidence interval, 1.4-9.5), diabetes mellitus (odds ratio=2.9; 95% confidence interval, 1.4-9.5), and cardiac surgery (odds ratio=0.2; 95% confidence interval, 0.1-0.5).

Conclusions: The incidence of heart failure in patients with prosthetic valve endocarditis is very high. Heart failure increases the risk of in-hospital mortality. Persistent infection, aortic involvement, abscess, and diabetes mellitus are the independent risk factors associated with mortality in patients with prosthetic valve endocarditis and heart failure.

Reassessment of blood culture-negative endocarditis: its profile is similar to that of blood culture-positive endocarditis
Aziz Trichine, Hocine Foudad, Ilyes Bouaguel, Rachid Merghit
Hôpital Constantine, Cardiologie, Constantine, Algérie

Introduction and objectives: Left-sided infective endocarditis with blood culture-negative has been associated with delayed diagnosis, a greater number of in-hospital complications and need for surgery, and consequently worse prognosis. The aim of our study was to review the current situation of culture negative infective endocarditis.

Methods: We analyzed 439 consecutive cases of left-sided infective endocarditis, in 3 Algerian hospitals from January 2006 to 2011 and divided them into 2 groups: group I (n=62), blood culture-negative episodes, and group II (n=377) blood culture-positive episodes. We used Duke criteria for diagnosis.

Results: Age, sex, and comorbidity were similar in both groups. No differences were found in the proportion of patients who received antibiotic treatment before blood culture extraction between the 2 groups. The interval from symptom onset to diagnosis was similar in the 2 groups. The clinical course of both groups during hospitalization was similar. There were no differences in the development of heart failure, renal failure, or septic shock. The need for surgery (57.5% vs 55.5%; P=.697) and mortality (25.5% vs 30.6%; P=.282) were similar in the 2 groups.

Conclusions: Currently, previous antibiotic therapy is no longer more prevalent in patients with blood culture-negative endocarditis. This entity does not imply a delayed diagnosis and worse prognosis compared with blood culture-positive endocarditis.
culture-positive endocarditis. In-hospital clinical course, the need for surgery and mortality are similar to those in patients with blood culture-positive endocarditis.

in 4±0.8, respectively. The main contraindications for anticoagulation were: intracranial hemorrhage.

Identification of risk factors for embolic events in left-sided infective endocarditis

Laureline Pericart, Anne Brunet Bernard, Louis Bernard, Dominique Babuty, Denis Angouvant, Alain Mirza, Laurent Fauchier

CHU Trousseau, Cardiologie, Tours, France

Embolic complications (EC) occur in about 30% to 40% of left-sided infective endocarditis (LSEI) and are associated with a poor prognosis. We analysed risk factors for embolic events in the systematic analysis of a large cohort of consecutive patients treated for infective endocarditis (IE).

Methods: 533 consecutive patients admitted for definite or probable LSEI were included in this study.

Results: Mean age was 64 and 26% had a prosthetic valve. The location of IE was aortic in 68%. Causative microorganisms were Streptococccae in 40% and Staphylococcaceae in 27%. Rate of valve surgery and mortality during the initial hospital stay were 26% and 11%, respectively. The mean follow up was 5±6 years. Embolic events occur in 164 patients (30%). In multivariate analysis, presence of vegetation was an independent risk factor for embolic event (hazard ratio HR=1.96, p<0.001), whilst older age and Streptococcal infection were independently associated with a lower risk of embolic events (HR=0.99, p=0.02 and HR=0.64, p=0.02 respectively).

Conclusions: Patients with LSEI and streptococcal infection have a lower risk of embolic events than others. The presence of vegetation was independently associated with an increased risk of embolic events.

Percutaneous left atrial appendage closure for stroke patients with nonvalvular atrial fibrillation and contraindication for oral anticoagulation

Corinne Delfanne (1), Xavier Iriart (1), Pauline Renou (2), Zakaria Jalal (1), Stephanie Nicot (3), Jean-Bernard Selly (1), Nadir Tafer (1), Lorena Sanchez Y Blanco (1), Matilde Poli (2), Sabrina Debruxelle (2), Francois Rouanet (2), Igor Sibon (2), Jean-Benoit Thombo (4)

(1) CHU Bordeaux, Hôpital du Haut Lévêque, Pathologies cardiovasculaires congénitales de l’enfant et de l’adulte, Pessac, France – (2) CHU Bordeaux, Neurologie, Bordeaux, France – (3) CHU Bordeaux, Hôpital du Haut Lévêque, Cardiologie, Pessac, France – (4) CHU de Bordeaux, Hôpital du Haut Lévêque, Pessac, France

Background: The PROTECT AF trial previously demonstrated that left atrial appendage closure (LAAC) was non inferior to warfarin in patients with nonvalvular atrial fibrillation (NVAF). However, this trial included patients eligible for anticoagulation therapy who received warfarin for 6 weeks after device implantation. The purpose of the present study was to assess the safety and efficacy of LAAC for stroke patients with NVAF and contraindication for anticoagulation.

Methods: Consecutive patients with a previous ischemic or hemorrhagic stroke, NVAF and contraindication for anticoagulation underwent LAAC with the Amplatzer Cardiac Plug device between July 2010 and July 2013 in a French university hospital. Follow-up included clinical evace in 40% and 28 months, and a cardiac computed tomography (CT) at 3 months. Single-antiplatelet therapy was prescribed after the procedure for a minimum of 3 months and stopped if the control cardiac CT demonstrated complete LAA closure. RESULTS: 26 patients (average age 73±8 years) were included. The mean CHA2DS2-VASC and HAS-BLED scores were 4±1.5 and 4±0.8, respectively. The main contraindications for anticoagulation were: intracranial hemorrhage while receiving anticoagulation (62%), ischemic stroke with large hemorrhagic transformation (15%) and probable cerebral amyloid angiopathy (8%). The procedure was successful in 100%. Procedure-related complications were serious pericardial effusion (3.8%) and femoral bleeding (7.7%). During a mean follow-up of 8.6 (3-16) months, ischemic stroke occurred in 2 patients (7.7%), after antiplatelet therapy was stopped for one of them. One patient died of an intracranial hemorrhage.

Conclusions: LAAC followed by a single antiplatelet therapy could be a reasonable alternative for stroke patients with NVAF and contraindication for anticoagulation. Lifelong rather than short-term single antiplatelet therapy should be prescribed after the procedure for patients at high cardio-vascular risk.

Cardiac involvement in Behcet’s disease

Tounsi Ahmed (1), Abid Leila (2), Frihka Fetan (3), Akrout Malek (2), Elaouad Sahar (3), Frihka Fetan (3), Bentati Mourad (2), Bahhou Zouhair (3), Kammoun Samir (2)

(1) CHU Hedi Chaker, Cardiologie, Sfax, Tunisie – (2) CHU Hedi Chaker, Médecine interne, Sfax, Tunisie

Background: Behcet’s disease is a multisystem disorder and classified as “vasculitic syndrome with a wide variety of clinical manifestations.” Cardiac involvement is very rare but can occur with different presentations.

Objective: To analyze the clinical characteristics of Behcet’s disease with cardiac involvement.

Methods: Patients diagnosed as Behcet’s disease with cardiac involvement in our Hospital from 1998 to 2013 were included in this analysis. The clinical characteristics of these patients were studied retrospectively.

Results: Eighteen cardiac manifestations observed in 13 patients with Behcet's disease are reported. 11 (84.6%) patients were male, with a mean ±SD age at BD diagnosis of 34.2±9.9 years. Cardiac involvement was the first feature of BD in 9 (69.2%) patients. Cardiac involvement included ST-elevation myocardial infarction (4 cases, 22.2%), stable angina (1 case, 5.5%), right heart failure (2 cases 11.1%), pericardial effusion (4 cases, 22.2%), intracardiac thrombus (2 cases, 11.1%), pulmonary artery hypertension (4 cases, 22.2%) (Consecutive to pulmonary embolism in three cases) and valvular disease (mitral insufficiency) (1 case, 5.5%). After a median follow-up of 59.73 (0-180) months, 2 patients had died (directly related to cardiac involvement).

Conclusions: The manifestation of cardiac involvement in Behcet's disease is various. The involvement of pulmonary artery is an independent correlate risk factor of mortality. Cardiologists should always bear in mind potential threats of (a) symptomatic cardiovascular involvement in BD.

Can we use enoxaparin in pregnant women with mechanical heart valves?

Tounsi Ahmed (1), Abid Dorra (1), Triki Fetn (1), Abid Leila (1), Akrout Malek (1), Mallek Souaid (1), Frihka Imed (2), Louati Douria (3), Chaabane Kais (3), Bentati Mourad (1), Kammoun Samir (1)

(1) CHU Hedi Chaker, Cardiologie, Sfax, Tunisie – (2) Hôpital Habib Bourguiba, Chirurgie thoracique et cardiovasculaire, Sfax, Tunisie – (3) CHU Hedi Chaker, Gynécologie-obstétrique, Sfax, Tunisie

No definitive recommendation is available concerning optimal antithrombotic therapy in pregnant women with a mechanical heart valve. The purpose of the current study was to evaluate the clinical results of Enoxaparin treatment with respect to pregnancy outcome and maternal complications.

From 2003 to 2012, 50 pregnancies were reviewed in 42 women. The valve replaced was mitral (n=28), aortic (n=4), and both (n=10). Enoxaparin (100 UI/kg, twice daily) was used in 25 pregnancies between 6 and 12 weeks of gestation and close-to-term only, and coumarin derivatives were used at other times. 25 pregnant women treated with coumarin derivatives throughout pregnancy were compared to safety and efficacy of Enoxaparin. 4 mothers developed mitral valve thrombosis (2 were on LMWH and 4 on coumarin). Hemorrhagic complications occurred in 5 patients, 2 of whom...