

Streptococci had embolization, in contrast to 11 out of 16 patients with *S. aureus* endocarditis.

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REPLY

We thank Dr. Mansi for his comments and welcome the chance to summarize the literature on this subject. Older studies published prior to 1980 showed a high percentage of those with Staphylococcal endocarditis sustaining embolic or neurological complications; however, no statistical comparisons with other organisms were made (1-3). For the most part, recent studies have reported no significant difference in the incidence of embolization among different underlying infective organisms (4-9). However, two of these studies did show a higher rate of embolic complications in cases caused by *Staphylococcus aureus* as compared to *Streptococcus viridans* (8,9). A large series of patients with left-sided endocarditis showed that overall *S. aureus* endocarditis had an embolic rate 2.4-fold greater than that with *S. viridans* endocarditis (10). Other investigators have reported a significant association between Staphylococcal endocarditis and embolization in cases selected by transesophageal echocardiography (11), where all neurological complications were considered together (12,13), or where intracranial hemorrhage alone was considered (14). Also, although the reported incidence of embolization in fungal and enterococcal endocarditis is high, numbers in any given series are small (1-3,15).

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A Randomized Trial of Aspirin on the Risk of Embolic Events in Patients With Infective Endocarditis

We read with great interest the study by Chan et al. (1). We are not surprised that high-dose aspirin (325 mg once daily) was not beneficial in patients with infective endocarditis and caused excessive bleeding. First, the dose of aspirin that has optimal benefits