Infective endocarditis in women: clinical characteristics and outcome

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The influence of sex on the prevalence of certain forms of valvular heart disease was known. Although the clinical characteristics and prognosis of infective endocarditis (IE) have been widely studied, little information was available concerning the possible differences between men and women. The aim of this study was to assess the clinical Characteristics and the Prognosis of Infective Endocarditis in Women.

Methods: Comparative analysis of 220 patients diagnosed with IE according to the Duke University criteria between 1997 and 2007. Of these 95 (42.7%) were women.

Results: Mean age was similar in the 2 sexes, 34.8 ± 18 years for men and 37.2 ± 18 years for women. Infection occurred more frequently in the mitral valve in women (62% vs 43% p = 0.03) and more frequently in the aortic valve in men (36.3% vs 20.2%, p = 0.05). The incidence of IE on prosthesis was similar in both groups: 22, 8% in the men and 23.3% in the women (p=0.8).

The rate of positive blood cultures was similar in both groups (52.2% in men and 51% in women, p = 0.9) and no significant differences were found regarding the causative pathogen.

The rates of heart failure, peripheral emboli, abscesses and neurologic complications were all similar in the 2 groups. Concerning surgical treatment, women had more frequently mitral valve replacement (29.3% vs 20.8%, p = 0.05), and men had more frequently aortic or mitro-aortic valve prothesis (23.8% vs 9.8%, p = 0.001), and 4% vs 1.2%, p = 0.05). Death during the hospital phase was similar: 20, 2% for women and 18.1% for men (p=0.7).

Conclusion: Despite the differences in the valvular localisation of IE between men and women, it seems that the clinical characteristics and the prognosis of infective endocarditis were similar.

Infectious endocarditis characteristics about 94 cases hospitalized in Cardiology Unit of Beni Messous University hospital in Algeriers

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Background: Infectious endocarditis (IE) epidemiologic profile changes in time.

Objective: To describe the IE characteristics.

Setting: Cardiology Unit Beni Messous University Hospital West Algiers...

Material and methods: Retrospective study based on hospitalization files, between 1996 and 2008, including patients corresponding to IE diagnosis cer-

Procédure: Mean age was similar in the 2 sexes, 34.8 ± 18 years for men and 37.2 ± 18 years for women. Infection occurred more frequently in the mitral valve in women (62% vs 43% p = 0.03) and more frequently in the aortic valve in men (36.3% vs 20.2%, p = 0.05). The incidence of IE on prosthesis was similar in both groups: 22, 8% in the men and 23.3% in the women (p=0.8).

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Specificity of Left Ventricular Response to Exercise in Patients with Asymptomatic Valvular Aortic Stenosis

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Objective: To determine whether left ventricular systolic and/or diastolic functions during an exercise stress echocardiology can identify early left ventricular (LV) dysfunction in asymptomatic patients with severe aortic stenosis (AoS).

Methods: a bicentric case–control study was performed about 207 patients with AoS, without symptoms, a peak aortic valve velocity 3 m/s, and LV ejec-
tion fraction (EF) >50% and 43 aged-matched normal controls. An echocardiography was performed at rest and during a standardized exercise stress test. Tissue Doppler, 2D-strain as well as conventional echocardiography was iden-
tically performed for every patients at rest and during an exercise at 120±10
beats/min.

Results: For patients with AoS, mean (SD) aortic valve area was 0.87 (0.19) cm². At rest, LVEF was similar for patients with AoS and controls, respectively (65.6 (9.1) vs 63.3 (6.6) %, p = 0.1). However, S′ (tissue Doppler systolic peak) (6.2 (2.3) vs 7.7 (1.2) cm/s, p<0.001) and the increase in S′ during exercise (7.5 (2.6) vs 11.6 (1.3) cm/s,p<0.001) were lower in patients with AoS. The difference was even greater considering global longitudinal systolic strain (GLS) at rest (~14.0 (4.0) vs -20.2 (2.7)) and during exercise (~16.5 (4.9) vs -24.6 (3.5)). The best discriminant parameter between the 2-pop-
ulations was the exercise GLS with a cut-off of ~21.9 providing 83.7% speci-
ficity and 89.8% sensitivity.

Conclusion: In patients with similar LV EF, LV longitudinal deformation measured by 2D-S is providing at rest and even more exercising a clinically relevant tool to distinguish subclinical LV dysfunction induced by the chonic overload due to severe AoS.

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Percutaneous mitral dilatation in pregnant women:about nine cases

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Immediate impact of successful percutaneous mitral valve commissurotomy on right ventricular function

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Aims: Mitral stenosis (MS) affects right ventricular (RV) function as a result of myocardial and haemodynamic factors. Although the long-term effects of mitral commissurotomy are well known, the aim of this study was to evaluate the immediate impact of percutaneous mitral commissurotomy (PTMC) on RV function in patients with MS.

Methods and results: Twelve female patients (mean age 29±7 years) with isolated rheumatic MS, all in sinus rhythm, were studied before and 24–48 h after PTMC. Multiple parameters of global and longitudinal RV function were determined (p < 0.0001), cardiac failure (p < 0.0001) and gram negative bacillus IE (p = 0.03).

Conclusion: In this study, the IE epidemiologic profile presents wide differences with the profile reported at the present time in industrialized coun-
tries.

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