

NORTH WEST | NORTH WALES | ISLE OF MAN

Infective Endocarditis
Cardiac Link Nurse Study Day
15/09/2021





















Aim of Talk

What is endocarditis?

What Symptoms

What causes it?

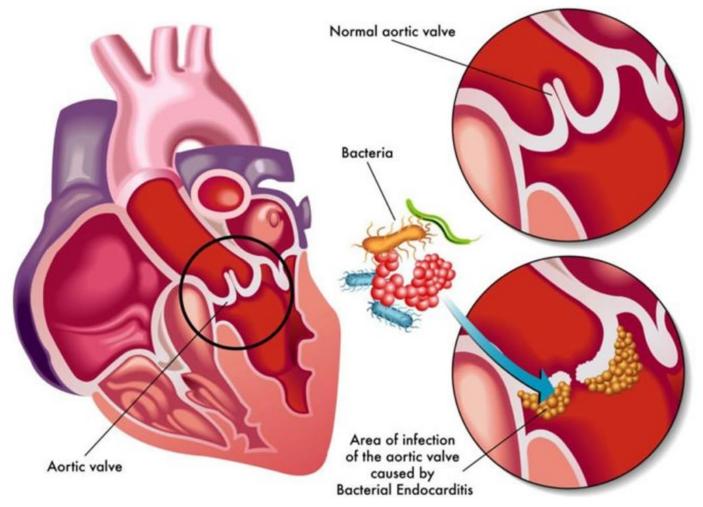
How do we diagnose it?

How do we treat it?

How can we prevent it?

What is Endocarditis?



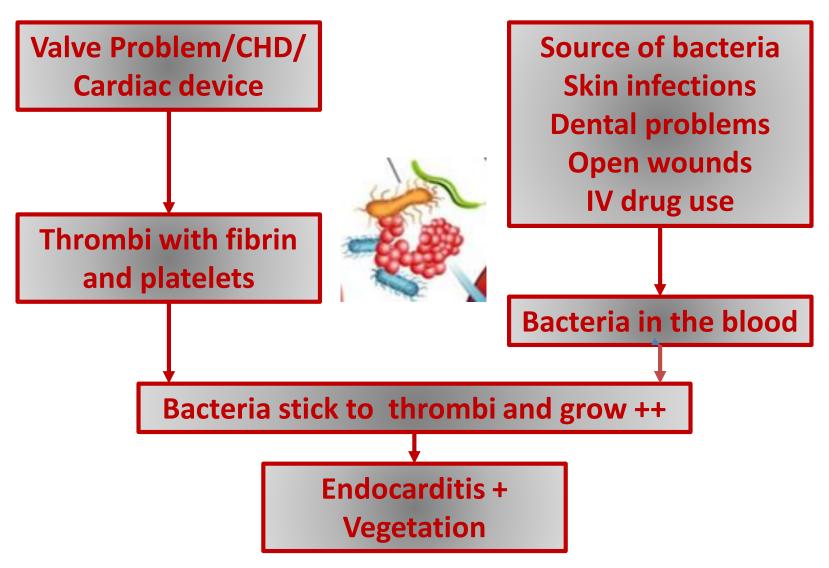






What Happens?





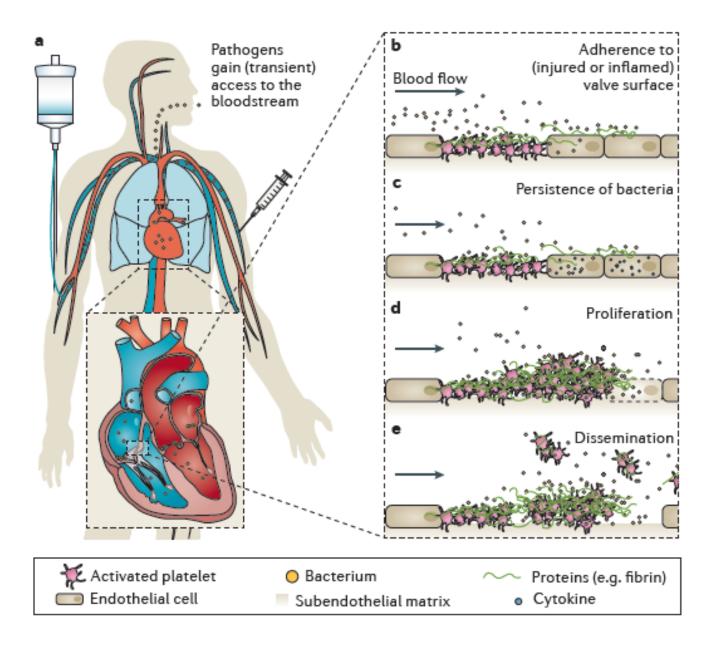


Figure adapted from REF. 204, Nature Publishing Group. https://www.nature.com/articles/nrdp201659.pdf



Who is at Increased Risk? Conge



Children with congenital heart disease

A leaking or narrowed heart valve

A prosthetic (metal) heart valve

Other prosthetic material (conduits)

Hypertrophic Cardiomyopathy Poor dental hygiene

Previous history of endocarditis

Skin infections

IV drug use

Other....

















Infective Endocarditis in Children With Congenital Heart Disease

Cumulative Incidence and Predictors

Editorial see p 1396

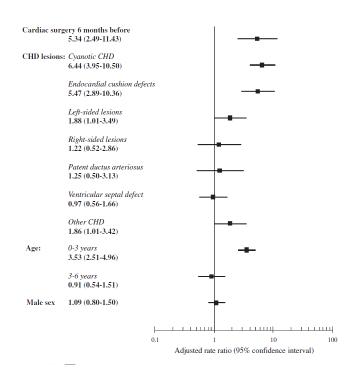
Dinela Rushani, MSc, Jay S. Kaufman, PhD, Raluca Ionescu-Ittu, PhD, Andrew S. Mackie, MD, SM, Louise Pilote, MD, MPH, PhD, Judith Therrien, MD, and Ariane J. Marelli, MD, MPH

Incidence of IE

- Cyanotic CHD lesions, left sided lesions and endocardial cushion defects (pASD and AVSD) were associated with increased risk
- Risk substantially elevated during 6 month after cardiac surgery
- Increased in children < 3 years
 https://www.ahajournals.org/toc/circ/128/13



Study 1988 – 2010 (47,518 patients)













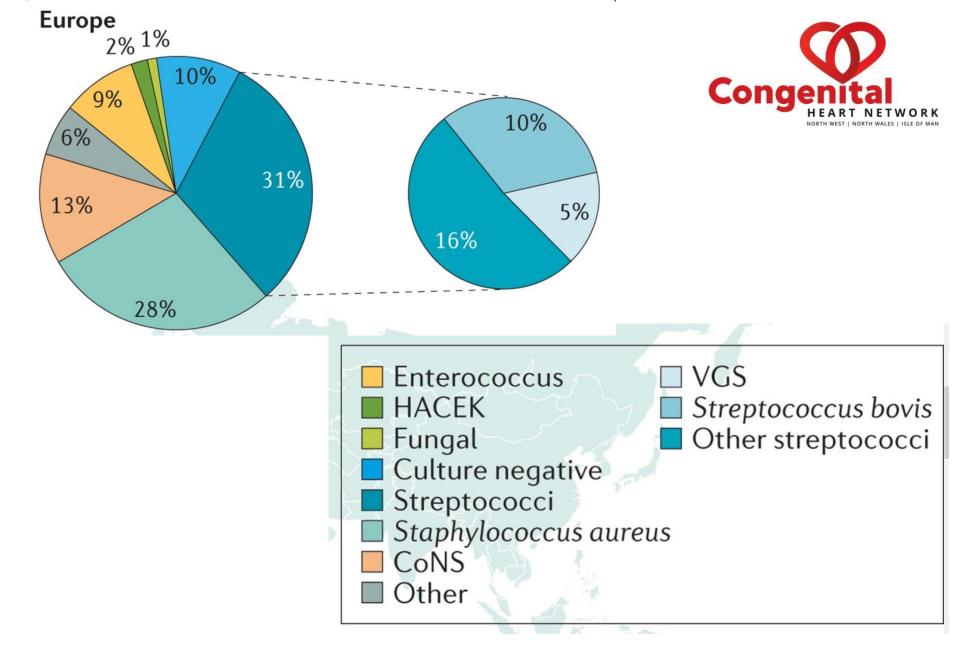


Figure 1 | **Global epidemiology of causative pathogens involved in IE.** The causative agents of infective endocarditis (IE) differ geographically. Data from Murdoch *et al.*4. CoNS, coagulase-negative staphylococci; HACEK, *Haemophilus* spp., *Aggregatibacter* spp., *Cardiobacterium hominis*, *Eikenella corrodens* and *Kingella* spp.; VGS, viridans group streptococci.

How Does Bacteria Reach The Heart?



Mouth

The risk is increased if teeth and gums are in a bad condition

Infection

Bacteria can spread from the site of a pre-existing infection

Needles and tubes

Any medical procedure that involves placing a medical instrument inside the body carries a small associated risk of introducing bacteria into the bloodstream.

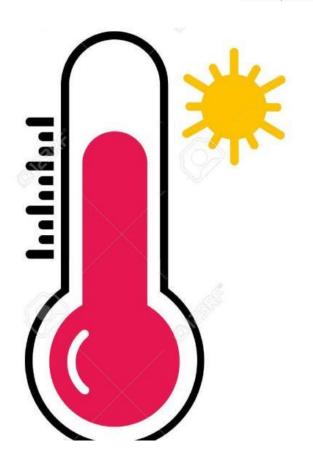
IV drug use



Symptoms

Congenital
HEART NETWORK

- a high temperature
- chills
- night sweats
- headaches
- shortness of breath
- cough
- tiredness (fatigue)
- muscle and joint pain
- Loss of weight
- Confusion





Other Signs



small red or purple spots on the skin (petechiae)

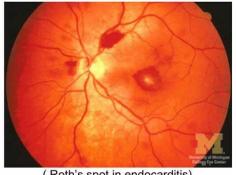


painful red lumps in the pads of the fingers and toes (osler's nodes)





painless red spots on the palms and soles (janeway lesions)



(Roth's spot in endocarditis)

Retinal hemorrhages (Roth spots)















How do we Diagnose it?



- Can be difficult
- Simple blood tests to check for infection (FBC/CRP/ESR) before starting ABx
- If infection markers elevated blood cultures
- ECHO/TOE
- ECG
- Chest X-Ray
- CT scan
- FDG-PET (nuclear medicine + radio labelled WCC scans)





Treatment



Medical	Surgical
Intravenous Antibiotics 4-6 weeks	Intravenous Antibiotics
Finish course at home if OPAT service available	Surgery to remove vegetation and repair or replace valve
Higher risk of contracting endocarditis again	A mechanical valve=lifelong warfarin Huge implications

Complications

- Heart failure
- Valve damage
- Micro embolic damage
 - -Stroke
 - -Peripheral ischaemia
 - -Loss of limb
 - -Organ failure
- Death



NICE Guidance [CG64]



Published: 17 March 2008 Last updated: 08 July 2016

- NICE recommends:
- that people should not usually be given antibiotics before a procedure unless antibiotics are needed to treat a suspected infection at the site of the procedure.
- This is because medical and dental procedures are no longer thought to be the main cause of endocarditis
- Taking antibiotics carries its own risk.



Abx Prophylaxis Not Recommended



Antibiotic Prophylaxis Against Infective Endocarditis Implementation Advice

This advice has been provided to facilitate the implementation of NICE Clinical Guideline 64 (CG64) Prophylaxis Against Infective Endocarditis.

This advice does not replace NICE CG64.

ical Effectiveness Programme

August 2018

NICE 2016 amendment introduced the term "Abx prophylaxis should not be used routinely prior to dental treatment"

Allowed medical staff to use clinical judgement

Practical advice had been removed from BNF in 2008

This guidance is endorsed by NICE and they are meant to compliment each other

REMEMBER: NICE guidance remains that routine use of Abx is NOT recommended



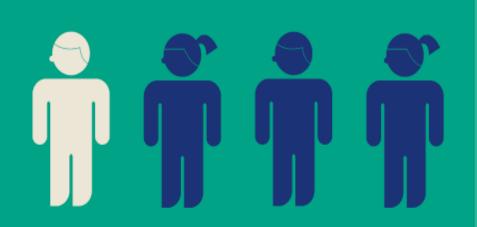












A quarter of 5-year-olds have tooth decay with on average 3 or 4 teeth affected



The majority of tooth decay in children under 6 was untreated

There were **7,926** episodes of children aged under 5 years having 1 or more teeth extracted in hospital because of tooth decay



Top 3 interventions for preventing tooth decay



Reduce the consumption of foods and drinks that contain sugars



Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing, spit don't rinse



Take your child to the dentist when the first tooth erupts, at about 6 months and then on a regular basis





3 to 6 year olds should use a pea sized amount



Parents/carers should brush or supervise tooth brushing until their child is at least 7

Dental Advice for Children







Tooth Brushing Song by Blippi | 2-Minutes Brush Your Teeth ... 171M views - Oct 21, 2016

YouTube > Blippi - Educational Videos for Kids







Children's teeth -NHS (www.nhs.uk)

Body Piercings and Tattoo's Congenital HEART NETWORK





- Teenage pressure!
- Popularity is increasing
- The skin is broken up to 150 times per second during a tattoo
- Endocarditis after tattooing remains rare
- Education of patients and body art professionals is vital
- Endocarditis infection after piercing is more common but still rare
- Consider site of piercing

If you were to ask?



Most parents and some patients are aware that they should avoid piercings and tattoos and maintain good dental health

BUT

They have no idea why....



Information



- Clear and Consistent
- Parents and should know what endocarditis is and what to look out for
- Know what to do and who to contact if they are worried
- The risks and benefits of Abx prophylaxis
- The importance of good dental hygiene
- The risks with tattoo's and body piercings
- Talk to patient themselves when old enough (during transition)



Take Home Messages

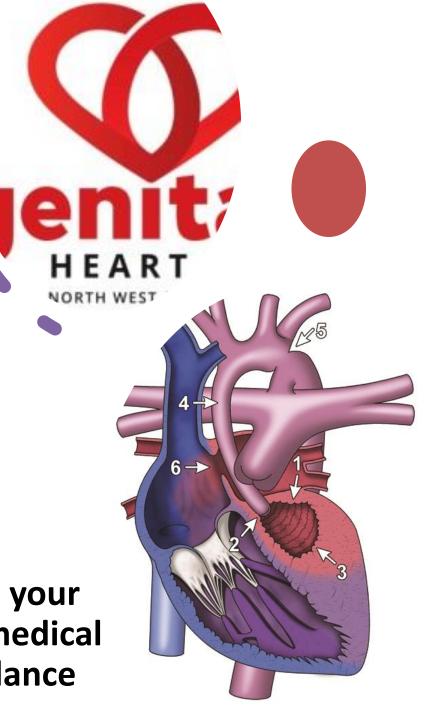
Suspect and rule out IE early

 NEVER give Abx if you do not know what you are treating – take blood cultures first

 If a patient is at high risk of contracting endocarditis and has been unwell for more than a week with an increased temperature they should be advised to see their GP in the first instance

Everyone has a role in prevention

If you aren't sure, ask, contact your local CNS team, speak to your medical team and follow national guidance



Where to find more information



- Overview | Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures | Guidance | NICE
- Prophylaxis against infective endocarditis: summary of NICE guidance | The BMJ
- blippi teeth song Bing video
- Health matters: child dental health GOV.UK
- Children's teeth NHS (www.nhs.uk)
- SDCEP Antibiotic Prophylaxis Implementation Advice







