Patients requiring chronic dialysis are at increased risk for a severe complication such as Infective Endocarditis (IE)” Spaleniak et al (2019).

Abstract:

Patients requiring chronic dialysis are at increased risk for a severe complication such as Infective Endocarditis (IE). Infections, immediately after cardiovascular diseases, are the second leading cause of deaths in this group of patients. In the Polish population, the incidence of IE in hemodialysis patients is unknown.

AIM: The aim of the study was to present epidemiology, clinical and echocardiographic characteristics and microbiological profile of infective endocarditis with the evaluation of the suitability of the modified Duke criteria for the diagnosis of IE in hemodialysis patients.

MATERIALS AND METHODS: The aim of the study was to present epidemiology, clinical and echocardiographic characteristics and microbiological profile of infective endocarditis with the evaluation of the suitability of the modified Duke criteria for the diagnosis of IE in hemodialysis patients.

RESULTS: Ten cases of IE in HD patients were diagnosed. The incidence of IE was 1.55/10,000 dialysis sessions/year. The incidence rate for IE in the dialysis population was 2,000/100,000 patients/year, while the incidence rate for IE in all hospitalized individuals was 5/100,000
patients/year. Hemodialyzed patients had significantly higher odds of having IE compared to other hospitalized individuals (odds ratio [OR] = 69; 95% CI: 35.92-132.06, p<0.0001). Mitral valve involvement was the most frequent. The most common IE etiology was Staphylococcus species. Based on the modified Duke criteria, the "definite IE" was recognized in one case whereas remaining 9 cases were classified as the "possible IE". CONCLUSIONS: In hemodialyzed patients the risk of IE is approximately 69 times higher than in the general hospitalized population. Right heart valve involvement occurs seldom despite the presence of vascular catheters. The modified Duke criteria have a limited applicability in the diagnosis of infective endocarditis.

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