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MIR
MÉDECINE INTENSIVE RÉANIMATION
Hôpital Saint André

CHU BDX CENTRE HOSPITALIER UNIVERSITAIRE BORDEAUX

« *Endocarditis team* » en 2022 utile ou futile?

Nahéma ISSA
15/06/2022

Déclaration de liens d'intérêt avec les industries de santé en rapport avec le thème de la présentation (loi du 04/03/2002) :

Intervenant : Nahéma ISSA

Titre : «Endocarditis team» en 2022 : utile ou futile ?

Consultant ou membre d'un conseil scientifique	☐ OUI	☑ NON
Conférencier ou auteur/rédacteur rémunéré d'articles ou documents	☐ OUI	☑ NON
Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations	☑ OUI	☐ NON
Investigateur principal d'une recherche ou d'une étude clinique	☐ OUI	☑ NON

L'Endocarditis Team : une recommandation

European Heart Journal Advance Access published August 29, 2015

European Heart Journal
doi:10.1093/eurheartj/ehv319

ESC GUIDELINES

2015 ESC Guidelines for the management of infective endocarditis

The Task Force for the Management of Infective Endocarditis of the European Society of Cardiology (ESC)

Endorsed by: European Association for Cardio-Thoracic Surgery (EACTS), the European Association of Nuclear Medicine (EANM)

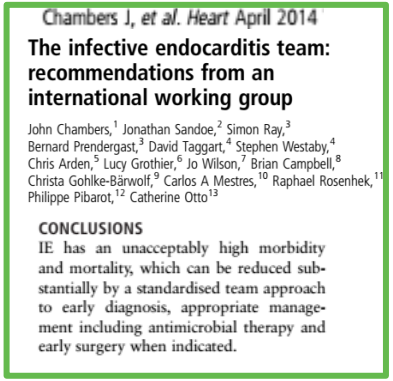
Authors/Task Force Members: Gilbert Habib* (Chairperson) (France), Patrizio Lancellotti* (co-Chairperson) (Belgium), Manuel J. Antunes (Portugal), Maria Grazia Bongiorni (Italy), Jean-Paul Casalta (France), Francesco Del Zotti (Italy), Raluca Dulgheru (Belgium), Gebrine El Khoury (Belgium), Paola Anna Erba[a] (Italy), Bernard Iung (France), Jose M. Miro[b] (Spain), Barbara J. Mulder (The Netherlands), Edyta Plonska-Gosciniak (Poland), Susanna Price (UK), Jolien Roos-Hesselink (The Netherlands), Ulrika Snygg-Martin (Sweden), Franck Thuny (France), Pilar Tornos Mas (Spain), Isidre Vilacosta (Spain), and Jose Luis Zamorano (Spain)

The present Task Force on the management of IE of the ESC strongly supports the management of patients with IE in reference centres by a specialized team (the 'Endocarditis Team'). The main characteristics of the Endocarditis Team and the referring indications are summarized in Tables 8 and 9.

Role of the 'Endocarditis Team'

1. The 'Endocarditis Team' should have meetings on a regular basis in order to discuss cases, take surgical decisions, and define the type of follow-up.
2. The 'Endocarditis Team' chooses the type, duration, and mode of follow up of antibiotic therapy, according to a standardized protocol, following the current guidelines.
3. The 'Endocarditis Team' should participate in national or international registries, publicly report the mortality and morbidity of their centre, and be involved in a quality improvement programme, as well as in a patient education programme.
4. The follow-up should be organized on an outpatient visit basis at a frequency depending on the patient's clinical status (ideally at 1, 3, 6, and 12 months after hospital discharge, since the majority of events occur during this period[57]).

Dans la littérature



Chambers J, *et al. Heart* April 2014

The infective endocarditis team: recommendations from an international working group

John Chambers,[1] Jonathan Sandoe,[2] Simon Ray,[3] Bernard Prendergast,[3] David Taggart,[4] Stephen Westaby,[4] Chris Arden,[5] Lucy Grothier,[6] Jo Wilson,[7] Brian Campbell,[8] Christa Gohlke-Bärwolf,[9] Carlos A Mestres,[10] Raphael Rosenhek,[11] Philippe Pibarot,[12] Catherine Otto[13]

CONCLUSIONS

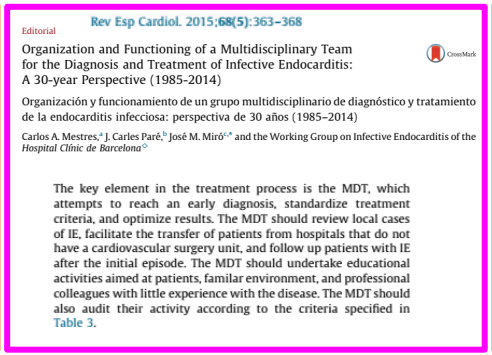
IE has an unacceptably high morbidity and mortality, which can be reduced substantially by a standardised team approach to early diagnosis, appropriate management including antimicrobial therapy and early surgery when indicated.

Arch Intern Med. 2009;169(14):1290-1298

Dramatic Reduction in Infective Endocarditis–Related Mortality With a Management-Based Approach

Elisabeth Botelho-Nevers, MD; Franck Thuny, MD; Jean Paul Casalta, MD; Hervé Richet, MD, PhD; Frédérique Gouriet, MD, PhD; Frédéric Collart, MD; Alberto Riberi, MD; Gilbert Habib, MD; Didier Raoult, MD, PhD

Conclusion: A dramatic reduction in mortality was observed during this study, suggesting that a management-based approach has a significant impact on IE outcome.



Rev Esp Cardiol. 2015;68(5):363–368

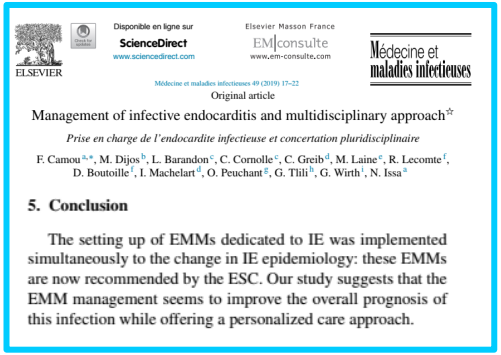
Editorial

Organization and Functioning of a Multidisciplinary Team for the Diagnosis and Treatment of Infective Endocarditis: A 30-year Perspective (1985-2014)

Organización y funcionamiento de un grupo multidisciplinario de diagnóstico y tratamiento de la endocarditis infecciosa: perspectiva de 30 años (1985–2014)

Carlos A. Mestres,[a] J. Carles Paré,[b] José M. Miró[c,*] and the Working Group on Infective Endocarditis of the *Hospital Clínic de Barcelona*[☆]

The key element in the treatment process is the MDT, which attempts to reach an early diagnosis, standardize treatment criteria, and optimize results. The MDT should review local cases of IE, facilitate the transfer of patients from hospitals that do not have a cardiovascular surgery unit, and follow up patients with IE after the initial episode. The MDT should undertake educational activities aimed at patients, familar environment, and professional colleagues with little experience with the disease. The MDT should also audit their activity according to the criteria specified in Table 3.



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Médecine et maladies infectieuses

Médecine et maladies infectieuses 49 (2019) 17–22

Original article

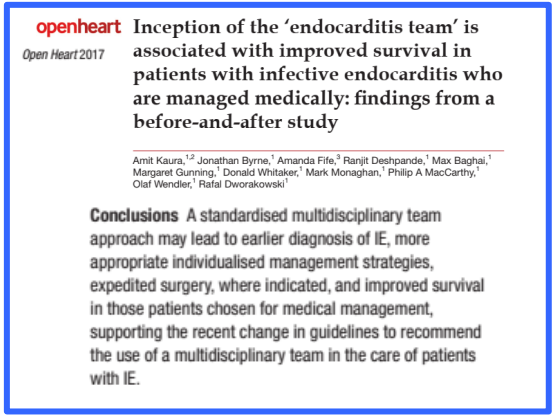
Management of infective endocarditis and multidisciplinary approach☆

Prise en charge de l'endocardite infectieuse et concertation pluridisciplinaire

F. Camou[a,*], M. Dijos[b], L. Barandon[c], C. Cornolle[c], C. Greib[d], M. Laine[e], R. Lecomte[f], D. Boutoille[f], I. Machelart[d], O. Peuchant[g], G. Tlili[h], G. Wirth[i], N. Issa[a]

5. Conclusion

The setting up of EMMs dedicated to IE was implemented simultaneously to the change in IE epidemiology: these EMMs are now recommended by the ESC. Our study suggests that the EMM management seems to improve the overall prognosis of this infection while offering a personalized care approach.



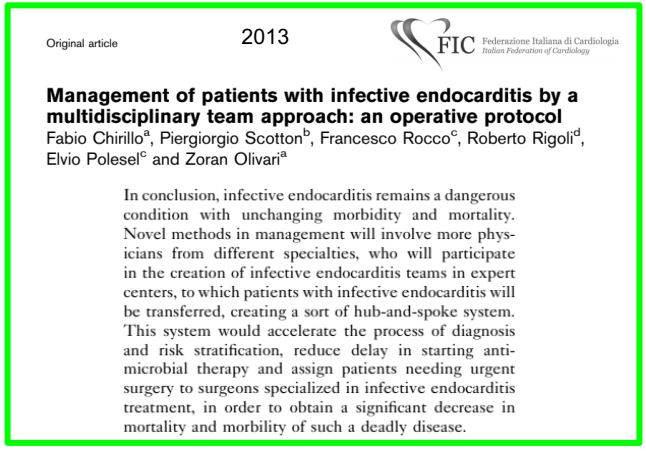
openheart

Open Heart 2017

Inception of the 'endocarditis team' is associated with improved survival in patients with infective endocarditis who are managed medically: findings from a before-and-after study

Amit Kaura,[1,2] Jonathan Byrne,[1] Amanda Fife,[3] Ranjit Deshpande,[1] Max Baghai,[1] Margaret Gunning,[1] Donald Whitaker,[1] Mark Monaghan,[1] Philip A MacCarthy,[1] Olaf Wendler,[1] Rafal Dworakowski[1]

Conclusions A standardised multidisciplinary team approach may lead to earlier diagnosis of IE, more appropriate individualised management strategies, expedited surgery, where indicated, and improved survival in those patients chosen for medical management, supporting the recent change in guidelines to recommend the use of a multidisciplinary team in the care of patients with IE.



Original article

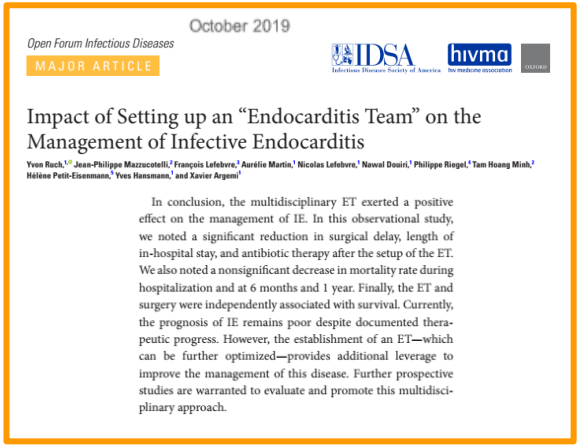
2013

FIC Federazione Italiana di Cardiologia *Italian Federation of Cardiology*

Management of patients with infective endocarditis by a multidisciplinary team approach: an operative protocol

Fabio Chirillo[a], Piergiorgio Scotton[b], Francesco Rocco[c], Roberto Rigoli[d], Elvio Polesel[c] and Zoran Olivari[a]

In conclusion, infective endocarditis remains a dangerous condition with unchanging morbidity and mortality. Novel methods in management will involve more physicians from different specialties, who will participate in the creation of infective endocarditis teams in expert centers, to which patients with infective endocarditis will be transferred, creating a sort of hub-and-spoke system. This system would accelerate the process of diagnosis and risk stratification, reduce delay in starting antimicrobial therapy and assign patients needing urgent surgery to surgeons specialized in infective endocarditis treatment, in order to obtain a significant decrease in mortality and morbility of such a deadly disease.



October 2019

Open Forum Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America hivma hiv medicine association

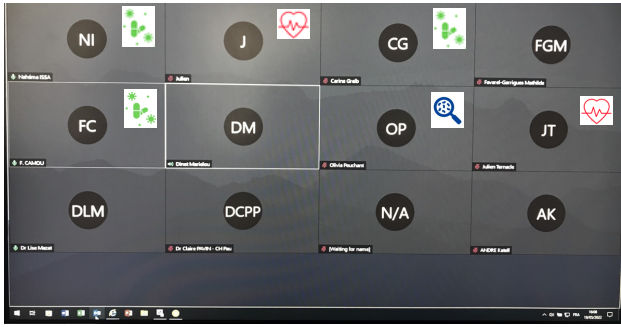
Impact of Setting up an "Endocarditis Team" on the Management of Infective Endocarditis

Yvon Ruch,[1,2] Jean-Philippe Mazzucotelli,[2] Francois Lefebvre,[2] Aurélie Martin,[1] Nicolas Lefebvre,[1] Nawal Douiri,[1] Philippe Riegel,[4] Tam Hoang Minh,[2] Hélène Petit-Eisenmann,[3] Yves Hansmann,[1] and Xavier Argemi[1]

In conclusion, the multidisciplinary ET exerted a positive effect on the management of IE. In this observational study, we noted a significant reduction in surgical delay, length of in-hospital stay, and antibiotic therapy after the setup of the ET. We also noted a nonsignificant decrease in mortality rate during hospitalization and at 6 months and 1 year. Finally, the ET and surgery were independently associated with survival. Currently, the prognosis of IE remains poor despite documented therapeutic progress. However, the establishment of an ET—which can be further optimized—provides additional leverage to improve the management of this disease. Further prospective studies are warranted to evaluate and promote this multidisciplinary approach.

La RCP endocardites au CHU de Bordeaux

RCP hebdomadaire le jeudi à 16h



2008 — **2012** — **2020** — **2022**

Janvier 2008 : « Staff »
sur le site Haut-Lévêque

Janvier 2012 : visioconférence
extension de la RCP aux 3 sites
- problème de connexion +++
- problème d'accessibilité aux salles

Janvier 2020 : début du COVID
connexion individuelle
https://global.gotomeeting.com/join/469023829

Dossier 1

- Paul, 92 ans (adénocarcinome colique en 2006, TAVI)
- Tableau d'altération de l'état général et syndrome inflammatoire biologique
- Endocardite sur TAVI à *Enterococcus faecalis* avec emboles cérébraux
- Prise en charge

ESC 2015		RCP endocardites
Ampicillin with Ceftriaxone	200 mg/kg/day i.v. in 4–6 doses 4 g/day i.v. or i.m. in 2 doses	Antibiothérapie conforme à l'ESC Traitement médical (perte d'autonomie) Antibiothérapie suspensive

- Intérêt de la RCP

Evaluer le bénéfice/risque d'une chirurgie
Eviter la rechute et la iatrogénie

Dossier 2

- Claude, 75 ans (endocardite sur valve native aortique à *S. equinus* en 2021)
- Lombalgies
- Récidive d'endocardite sur bioprothèse aortique à *Streptococcus oralis* avec spondylodiscite
- Prise en charge

ESC 2015		RCP endocardites
Penicillin G *or* Amoxicillin[e] *or* Ceftriaxone[f]	12–18 million U/day i.v. either in 4–6 doses 100–200 mg/kg/day i.v. in 4–6 doses 2 g/day i.v. or i.m. in 1 dose	Amoxicilline 12 g/j + Chirurgie (abcès) A J+4 : insuffisance rénale aiguë ⟶ suspicion de cristallurie ⟶ ceftriaxone

- Intérêt de la RCP

Dépister précocement un effet secondaire
Prévenir la récidive : bilan de la porte d'entrée

Dossier 3

- Marcel, 73 ans (HTA, SAOS, valvulopathie connue)
- Sepsis
- Endocardite sur valve native mitrale à *Streptococcus gallolyticus*
- Prise en charge

ESC 2015		RCP endocardites
Penicillin G *or* Amoxicillin[e] *or* Ceftriaxone[f]	12–18 million U/day i.v. either in 4–6 doses 100–200 mg/kg/day i.v. in 4–6 doses 2 g/day i.v. or i.m. in 1 dose	Amoxicilline 12 g/j + Chirurgie A J+10 : fièvre → scanner : abcès splénique : ajout lévofloxacine → coloscopie : cancer colique

- Intérêt de la RCP

Optimiser l'antibiothérapie
en cas de non contrôle infectieux

Dossier 4

- Tamara, 16 ans (cardiopathie congénitale, valve Melody™)
- Tableau d'anémie hémolytique, thrombopénie, insuffisance rénale
- Endocardite sur Melody™ compliquée d'une glomérulonéphrite associée à une cryoglobulinémie
- Prise en charge

ESC 2015	RCP endocardites
Doxycycline 100 mg/12 h orally for 4 weeks plus gentamicin (3 mg/24 h) i.v. for 2 weeks	Aide au diagnostic : sérologie *Bartonella* TEP-scanner Doxycycline + Azithromycine Corticothérapie + Rituximab

- Intérêt de la RCP

Aider au diagnostic clinique et microbiologique
Adapter la thérapeutique

Dossier 5

- Jean-Claude, 59 ans (HTA, automédication par Amoxicilline pour des douleurs dentaires)
- Bilan de malaise révélant une IM avec rupture de cordage, syndrome inflammatoire biologique
- Endocardite sur valve native mitrale non documentée
- Prise en charge

ESC 2015		RCP endocardites
Ampicillin with (Flu)cloxacillin *or* oxacillin with Gentamicin[d]	12 g/day i.v. in 4–6 doses 12 g/day i.v. in 4–6 doses 3 mg/kg/day i.v. or i.m. in 1 dose	Amoxicilline 6 g/j + Amoxi-clav 6 g/j Remplacement valvulaire mitral ARN 16S sur valve : *Nesseiria gonorrhoeae*

- Intérêt de la RCP

Documenter l'endocardite

Bilan de la RCP bordelaise

- RCP hebdomadaire : 8 à 12 dossiers présentés
- Chaque année : environ 340 dossiers présentés au CHU et 120 en CHG
- 3 missions : diagnostique + thérapeutique + pronostique
- 30% de diagnostics rejetés
- Constitution d'une base de données prospective

Bilan de la RCP bordelaise

2013-2020		N = 1 073
Type d'endocardite	NVE - PVE	59% - 41%
Moyenne d'âge		63,5 ans
Duke	Certain - Possible	85% - 15%
Documentation microbiologique		94%
Traitement chirurgical		53%
Mortalité	M1 - M12	12% - 22%

L’endocarditis team en 2022 : utile?

- Intérêt confirmation du diagnostic
  - clinique
  - relecture échographique
- Détecter l’urgence chirurgicale
- Déterminer le meilleur schéma antibiotique
  - éviter la iatrogénie
  - éviter la rechute
- Assurer le suivi : recherche de porte d’entrée, guérison, prévention des récidives
- Optimiser nos pratiques

L'endocarditis team en 2022 : utile?

- Proposer une prise en charge en l'absence de recommandations
- Peser le bénéfice/risque d'une chirurgie sur des terrains spécifiques
  - cardiopathie congénitale
  - toxicomanie
  - patients âgés, comorbides
- Documenter au mieux l'infection : PCR 16S ?
- Déterminer le meilleur schéma antibiotique en l'absence de chirurgie
  - durée de traitement, relais oral
  - traitement suspensif

L’endocarditis team en 2022 : futile?

- Absence de valorisation de l’activité
- Caractère chronophage de la RCP : se faire connaitre et se rendre disponible après la RCP
- Recueil des données repose sur les membres de la RCP
- Manque de moyen pour développer la recherche

Merci à l'équipe d'Endocardite Aquitaine

Bactériologie

- Olivia PEUCHANT

Cardiologie

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- Julien TERNACLE

Gériatrie

- Claire ROUBAUD

www.endocardites-aquitaine.fr

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- Carine GREIB
- Nahéma ISSA
- Gaëtane WIRTH

Imagerie

- Goufrane TLILI

ENDOCARDITIS TEAM


merci
Jofo