

Infective Endocarditis

Infective endocarditis (IE – also called bacterial endocarditis [BE]) is an infection caused by bacteria that enter the bloodstream and settle in the heart lining, a heart valve or a blood vessel.

Although IE is uncommon, people with some types of congenital heart disease have a greater risk of developing it. The American Heart Association updated their guidelines in 2007 for preventing endocarditis. In the past, children or adults with nearly every type of congenital heart defect needed to receive antibiotics one hour before dental procedures or operations on the mouth, throat, or gastrointestinal, genital or urinary tracts.

This recommendation has changed and is much simpler. Now antibiotics are only recommended for these cardiac conditions:

1. A prosthetic heart valve or a heart valve repaired with prosthetic material
2. A history of endocarditis
3. Heart transplant patients who develop abnormal heart valve function
4. Certain congenital heart defects including:
 - Cyanotic congenital heart disease (birth defects with oxygen levels lower than normal), that has not been fully repaired, including children who have had a surgical shunts and conduits;
 - A congenital heart defect that's been completely repaired with prosthetic (artificial) material or a device (either placed by surgery or by catheter intervention) for the first six months after the repair procedure;
 - Repaired congenital heart disease with residual defects (persisting leaks or abnormal flow) at the site or adjacent to the site of a prosthetic patch or prosthetic device.

Your cardiologist can give you more information about preventing endocarditis. Good dental hygiene is the best way to prevent heart infection from a tooth or gum infection. Be sure to maintain good oral health by regular dental checkups and regular brushing and flossing. For years you may have been taking antibiotics before dental or other surgical procedures at the recommendation of your pediatric cardiologist. These simpler recommendations were made after years of study and review by physicians, dentists and scientists around the world.

Finally, operations or procedures on the gastrointestinal, genital or urinary tract no longer require antibiotics for anyone with heart disease.

What Can You Do?

If you're at higher risk for endocarditis, be sure to tell the physician or dentist who's treating you. Also, carry an endocarditis wallet card to alert medical personnel to your condition.

You should also be aware of the signs and symptoms of endocarditis. For example, sometimes endocarditis may have flu-like symptoms that go on for awhile. These can include low-grade fevers and/or night sweats, poor appetite, muscle and joint aches, fatigue or weight loss. Other times endocarditis can have symptoms that occur more quickly, such as high fever, shaking chills, vomiting and/or unusual rashes. If you think you may have endocarditis, see your doctor immediately. If you see a doctor unfamiliar with your heart condition, such as in an emergency room or urgent care center, it is important to make them aware of it. Before taking an antibiotic, special blood samples for culture ("blood cultures") should be drawn to make the diagnosis.