

## **INFECTIVE ENDOCARDITIS IN OCTOGENARIAN PATIENTS.**

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**AIMS:** To assess the current clinical data, predisposing risk factors, microorganisms, echocardiographic findings and outcomes of octogenarian patients with endocarditis (E).

**METHODS:** We studied 654 consecutive episodes of E among a cohort of 533 patients. Episodes (ep) were distributed in three groups: group I ( $\leq 64$  years): 325 ep, group II (65 to 79 years): 208 ep, and group III ( $>79$ ): 31 ep. All patients were studied by transthoracic (TTE) and transoesophageal echo (TEE).

**RESULTS:** Most cases of E in group III had their origin in the community and their definitive diagnosis was often more difficult than in younger patients. Comorbidities and some predisposing heart conditions were more frequent in group III. In this group, *S. bovis* was isolated more frequently and *S. aureus* less commonly than in the other groups. The clinical pattern of E was more larvate in group III; cardiac symptoms were less frequent, a new heart murmur was less common; and, if heart failure occurred, they had a lower NYHA class. The vegetation detection rate by TTE was lower in octogenarians (group I: 61,9%, group II: 45,8%, group III: 40%). The same occurred with TEE (group I: 88.5%, group II: 94,4%, group III: 60%). No cases of septic shock appeared in group III. Surgery was chosen less frequently in octogenarians (group I: 56.6%, group II: 51.4%, group III: 16.1%,  $p < 0.00$ ) and, in spite of this, overall mortality was lower than in younger patients (group I: 24%, group II: 37%, group III: 7%,  $p < 0.00$ ).

**CONCLUSIONS:** Octogenarians with E have specific clinical, microbiological and echocardiographic characteristics. Surgery is done less frequently in these patients than in younger patients. However, overall mortality was lower in this group than in the other groups.

**Keywords:** infective endocarditis, octogenarian patients, clinical outcome.