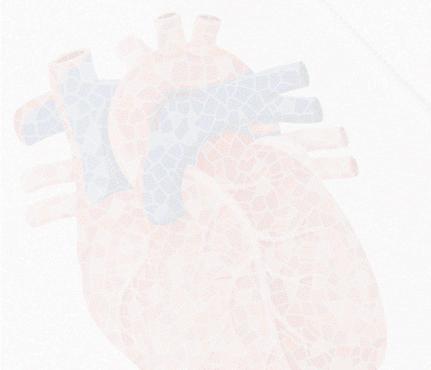




Infective Endocarditis after TAVI

A new and growing clinical entity with surgical challenges



Ander Regueiro, MD PhD Interventional Cardiologist Cardiology Department Hospital Clínic de Barcelona





IE after TAVI

A new and growing clinical entity with surgical challenges

- 1 Evolution of TAVI (evidence and indications) over time
- What do we now so far about IE after TAVI?
- 3 Future perspectives



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Evolution of TAVI over time









Evolution of TAVI over time First percutaneous aortic valve implantation

Special Report

Percutaneous Transcatheter Implantation of an Aortic Valve Prosthesis for Calcific Aortic Stenosis First Human Case Description

Alain Cribier, MD; Helene Eltchaninoff, MD; Assaf Bash, PhD; Nicolas Borenstein, MD; Christophe Tron, MD; Fabrice Bauer, MD; Genevieve Derumeaux, MD; Frederic Anselme, MD; François Laborde, MD; Martin B. Leon, MD

Circulation. 2002;106:3006-3008

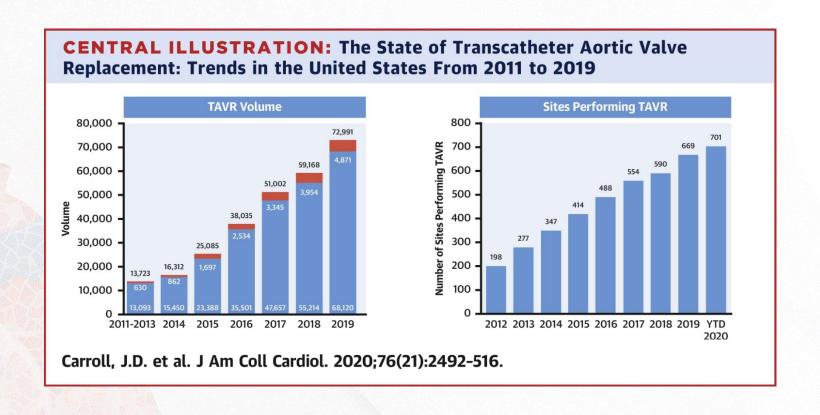








Evolution of TAVI over time The use of TAVI has grown exponentially











Evolution of TAVI over time

Evidence of safety/efficacy with several RCT

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

JUNE 9, 2011

VOL. 364 NO. 23

Transcatheter versus Surgical Aortic-Valve Replacement in High-Risk Patients

Craig R. Smith, M.D., Martin B. Leon, M.D., Michael J. Mack, M.D., D. Craig Miller, M.D., Jeffrey W. Moses, M.D., Lars G. Svensson, M.D., Ph.D., E. Murat Tuzcu, M.D., John G. Webb, M.D., Gregory P. Fontana, M.D., Raj R. Makkar, M.D., Mathew Williams, M.D., Todd Dewey, M.D., Samir Kapadia, M.D., Vasilis Babaliaros, M.D., Vinod H. Thourani, M.D., Paul Corso, M.D., Augusto D. Pichard, M.D., Joseph E. Bavaria, M.D., Howard C. Herrmann, M.D., Jodi J. Akin, M.S., William N. Anderson, Ph.D., Duolao Wang, Ph.D., and Stuart J. Pocock, Ph.D., for the PARTNER Trial Investigators*





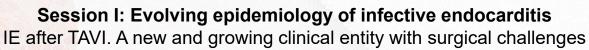




Evolution of TAVI over time

Consolidated treatment for aortic stenosis





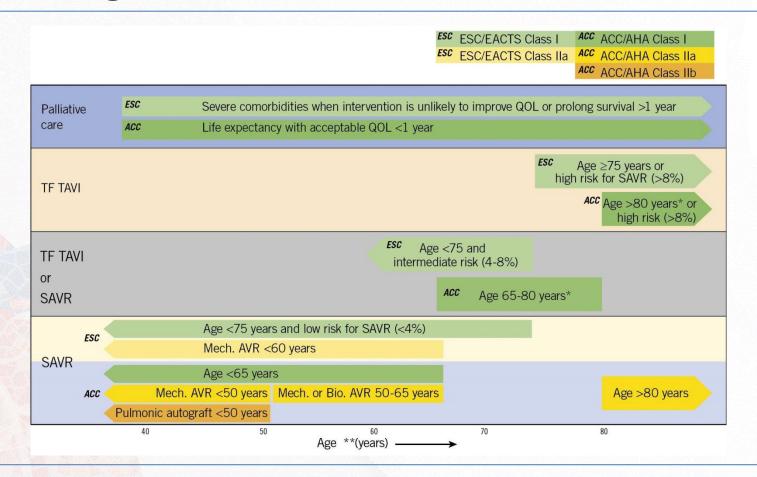








Evolution of TAVI over time **Current guidelines**



EuroIntervention 2022;17:e1123









TAVI patients = high surgical risk or inoperable









TAVI patients = high surgical risk or inoperable









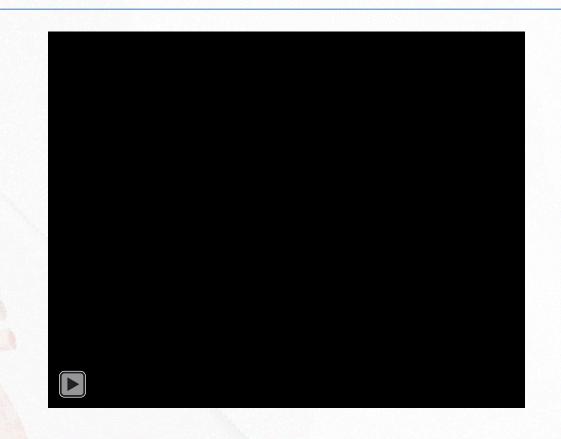














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What do we now so far about IE after TAVI?







What do we now so far about IE after TAVI? First reports

doi:10.1510/icvts.2010.239517

INTERACTIVE CARDIOVASCULAR AND THORACIC SURGERY

Interactive CardioVascular and Thoracic Surgery 11 (2010) 252-253

www.icvts.org

Proposal for bail-out procedures - Valves Transapical aortic valve prosthetic endocarditis

Manuel Carnero-Alcázar*, Luis Carlos Maroto Castellanos, Javier Cobiella Carnicer, José Enrique Rodríguez Hernández

Department of Cardiac Surgery, Hospital Clinico San Carlos, Madrid, Spain

Received 5 April 2010; received in revised form 29 May 2010; accepted 1 June 2010

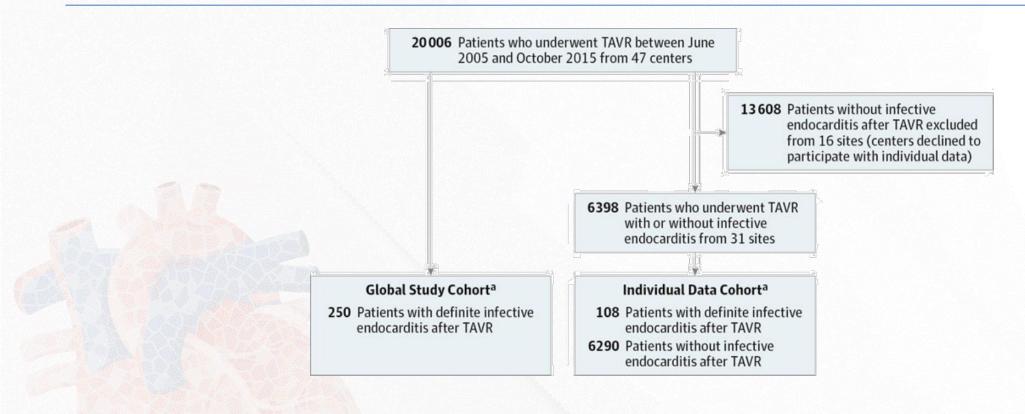








What do we now so far about IE after TAVI? First case series



Regueiro A, et al. *JAMA*. 2016;316:1083-92

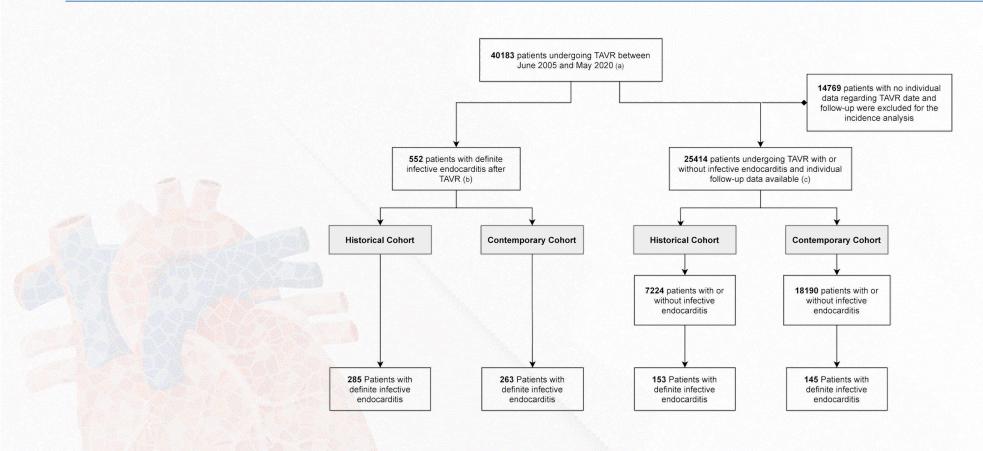








What do we now so far about IE after TAVI? Contemporary series



Clin Infect Disease 2021;73:e3740





What do we now so far about IE after TAVI? Incidence

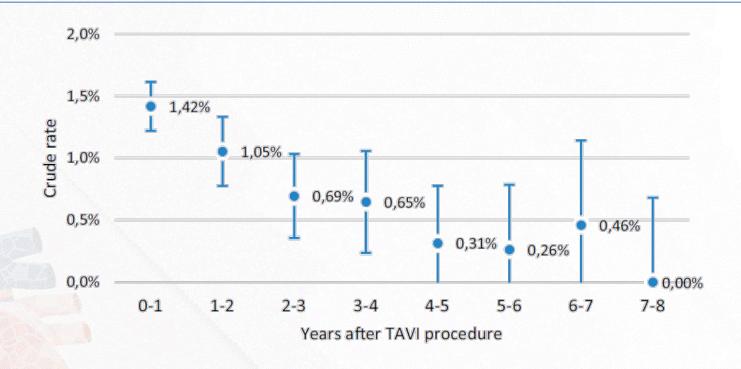






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What do we now so far about IE after TAVI? **Incidence**



Bjursten H et al. Eur Heart J 2019









What do we now so far about IE after TAVI? Incidence. Surgery vs. TAVI

	TAV	R	SAVE	ľ		Odds Ratio	Odds Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% Cl	M-H, Random, 95% CI
Bianco 2019	27	1034	53	1345	20.3%	0 65 [0 41, 1.05]	
Butt 2018	153	2632	193	3777	44.3%	1 15 [0 92, 1 43]	
Gleason (CoreValve) 2018	5	391	5	359	3.9%	0.92 [0.26, 3.19]	
Mack (PARTNER 1) 2015	5	348	6	351	4.3%	0.84 [0.25, 2.77]	<u> </u>
Makkar (PARTNER 2) 2020	30	1011	19	1021	14.9%	1.61 [0.90, 2.88]	
Moriyamma (FVR) 2019	8	1252	11	1252	7.0%	0.73 [0.29, 1.81]	
Thyregod (NOTION) 2019	9	145	6	135	5.3%	1.42 [0.49, 4.11]	
Total (95% CI)		6813		8240	100.0%	1.03 [0.80, 1.33]	i de la companya de l
Total events	237		293				
Heterogeneity: Tau ² = 0.03;	$Chi^2 = 7.$	70, df	= 6 (P = 0	26);	$ ^2 = 22\%$		01 01 10 100
Test for overall effect, $2 = 0$.	24 (P = 0	(81)	202 (00.				01 0'1 1 1'0 100' Favours [TAVR] Favours [SAVR]

Ullah W, et al. Cardiovasc Revasc Med 2020





What do we now so far about IE after TAVI? Microbiology

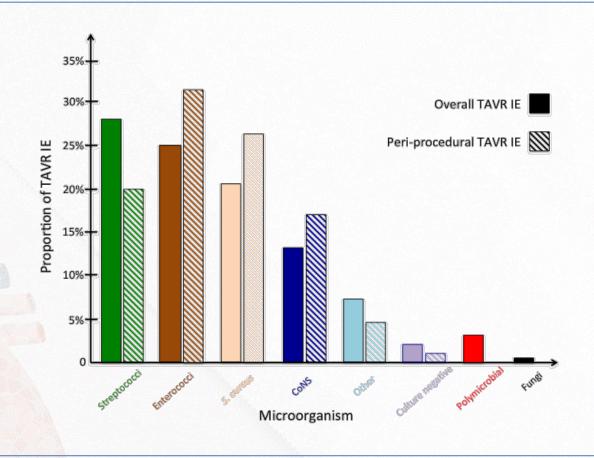








What do we now so far about IE after TAVI? **Microbiology**



Courtesy of Dr. A Dahl and Dr. J.M Pericas







What do we now so far about IE after TAVI? **Microbiology**













What do we now so far about IE after TAVI? Antibiotic prophylaxis during TAVI

- 90% of TAVI IE patients received antibiotic prophylaxis¹
- Only 50% were theoretically sufficiently covered against microorganism that caused IE¹
- Antibiotic should cover Enterococci
- In a setting of high prevalence antibiotic should also cover methicillin-resistant saphylococci and vancomycin-resistant enteroccocci

¹JACC 2020;75:3020-3030





What do we now so far about IE after TAVI? Prognosis

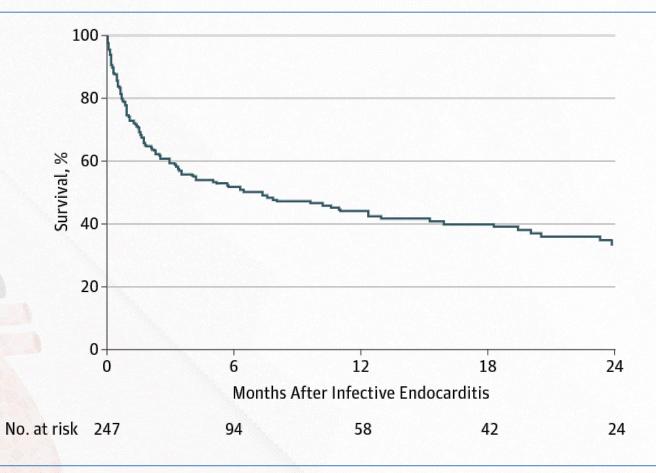








What do we now so far about IE after TAVI? **Prognosis**



JAMA 2016;316:1083-1092

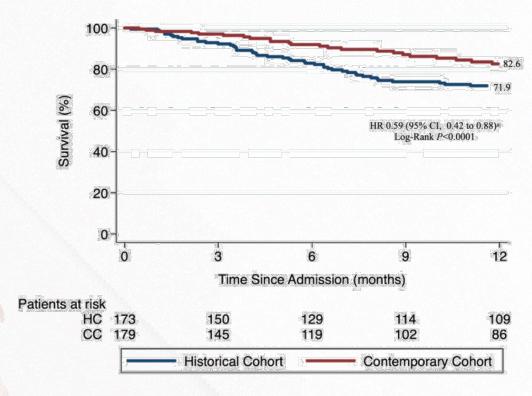








What do we now so far about IE after TAVI? **Prognosis**



Del Val, et al. Clin Infect Dis 2021





What do we now so far about IE after TAVI? Diagnosis









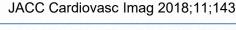
What do we now so far about IE after TAVI? **Diagnosis. Multimodality imaging**

Multimodality imaging approach

IE diagnosis diagnostic sensibility

Modified Duke criteria: 50%, κ =0.21

ESC 2015 multimodality criteria: 100%, κ=0.66





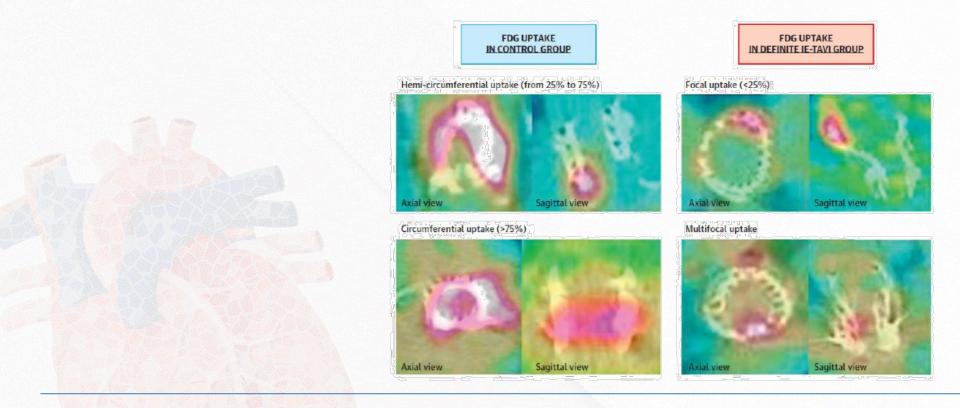






What do we now so far about IE after TAVI? **Diagnosis. Multimodality imaging**

¹⁸F-FDG PET/CT Post-TAVI







What do we now so far about IE after TAVI? Treatment







What do we now so far about IE after TAVI? **Treatment**

Complex patients

Multidisciplinary Endocarditis Team







Early surgery improves survival in surgical prosthetic valve endocarditis







JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

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VOL. 79, NO. 8, 2022

Surgical Treatment of Patients With Infective Endocarditis After Transcatheter Aortic Valve Implantation











- 584 IE after TAVI patients
- High risk cohort before TAVI

Mean age: 81 years

EuroSCORE 1: 14%

Prior cardiac surgery: 22%

- 111/584 (19%) underwent cardiac surgery
- In-hospital mortality 29% in cardiac surgery

JACC 2022;79:772









CS was less likely performed in:

Older patients Neurologic symptoms at admission

CS more likely performed in:

TAVI platform involvement

Large vegetation (>10 mm)

Periannular complications, heart failure, persistent bacteremia, systemic embolization

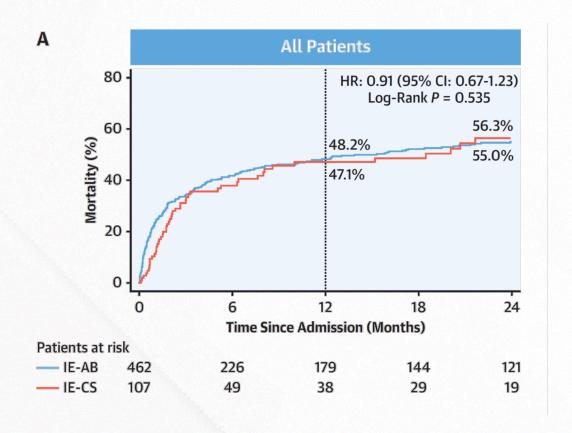
JACC 2022;79:772











JACC 2022;79:772

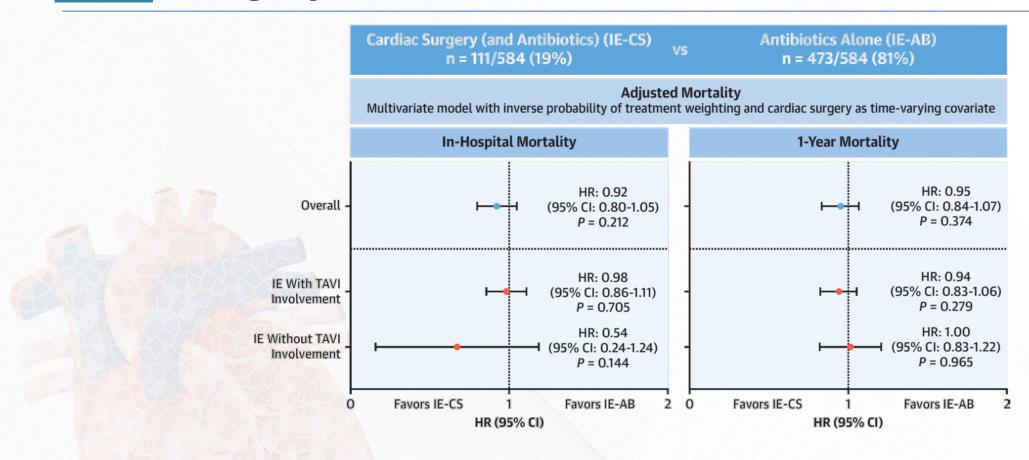








What do we now so far about IE after TAVI? Surgery vs. medical treatment



JACC 2022;79:772









What do we now so far about IE after TAVI? Surgery vs. medical treatment

Limitations

Selection bias

No external monitorization in a retrospective registry Not transferable to lower risk, younger patients

JACC 2022;79:772







What do we now so far about IE after TAVI? Surgery vs. medical treatment in intermediate and low risk patients

European Journal of Cardio-Thoracic Surgery 00 (2022) 1–8 https://doi.org/10.1093/ejcts/ezac075

ORIGINAL ARTICLE

Cite this article as: Saha S, Joskowiak D, Marin-Cuartas M, Diab M, Schwaiger BM, Sandoval-Boburg R et al. Surgery for infective endocarditis following low-intermediate risk transcatheter aortic valve replacement—a multicentre experience. Eur J Cardiothorac Surg 2022; doi:10.1093/ejcts/ezac075.

Surgery for infective endocarditis following low-intermediate risk transcatheter aortic valve replacement—a multicentre experience

Shekhar Saha (D) a,b*,f*, Dominik Joskowiaka,bf*, Mateo Marin-Cuartas (D) c, Mahmoud Diab (D) d,

Benedikt M. Schwaigere, Rodrigo Sandoval-Boburgf, Aron-Frederik Popov (D) f, Carolyn Weberg, Sam Vargheseh,

Andreas Martens (D) i, Serghei Cebotarii, Maximilian Schernerh, Walter Eichingere, David Holzheyc,

Daniel-Sebastian Dohlej, Thorsten Wahlers (D) g, Torsten Doenstd, Martin Misfeldc,k,l,m,n, Julinda Mehilli (D) o,p,

Steffen Massberg (D) and Christian Hagla,b







What do we now so far about IE after TAVI?

Surgery vs. medical treatment in intermediate and low risk patients

9 German centers

69 patients (EuroSCORE II 5,4; STS 1,3) undergoing surgery for TAVI IE

No info: Patients with IE after TAVI not undergoing cardiac surgery

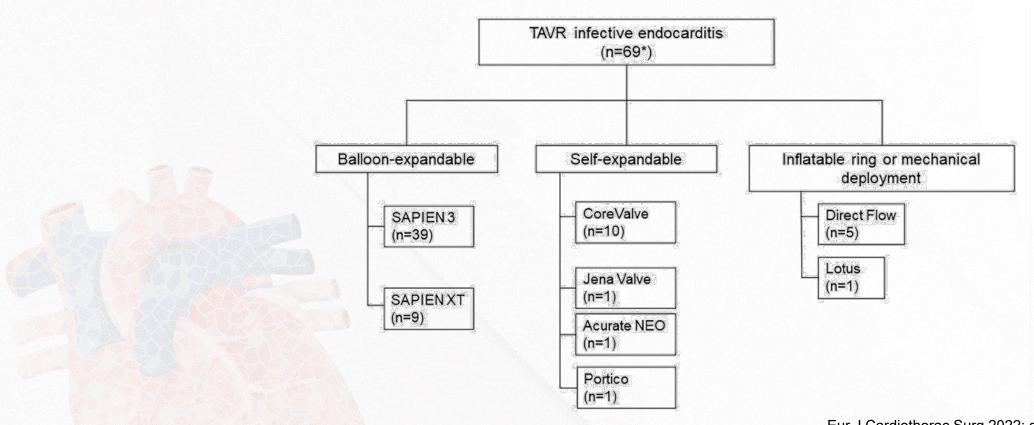
Eur J Cardiothorac Surg 2022; doi:10.1093/ejcts/ezac075





2

What do we now so far about IE after TAVI? Surgery vs. medical treatment in intermediate and low risk patients



Eur J Cardiothorac Surg 2022; doi:10.1093/ejcts/ezac075







2

What do we now so far about IE after TAVI? Surgery vs. medical treatment in intermediate and low risk patients

Key question Should surgery be considered an option to treat infective endocarditis following TAVR? **Key finding(s)** All TAVR prostheses were explanted, with 14.5% requiring aortic root surgery. Survival to discharge was 88.4%. Take-home message Infective endocarditis following low-intermediate risk TAVR can be treated with early surgery and is associated with acceptable morbidity and mortality rates.

Eur J Cardiothorac Surg 2022; doi:10.1093/ejcts/ezac075

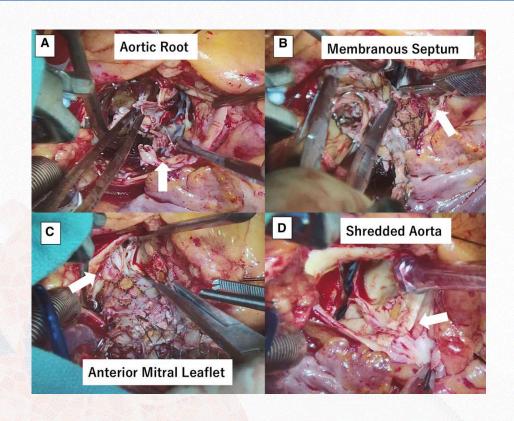








What do we now so far about IE after TAVI? Surgical explantation after TAVI





Eur J Cardiothorac Surg 2022; doi:10.1093/ejcts/ezac075 Circ Cardiovasc Interv. 2021;14:e009927

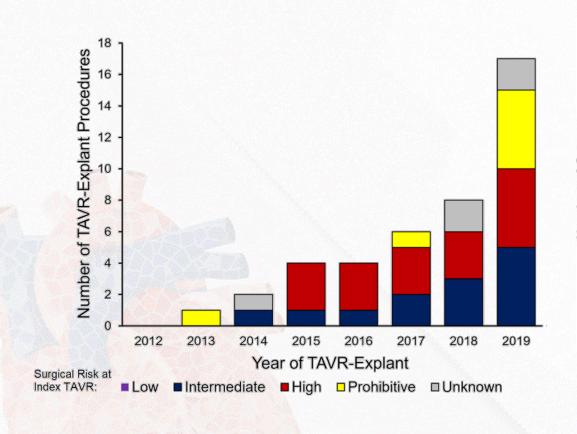


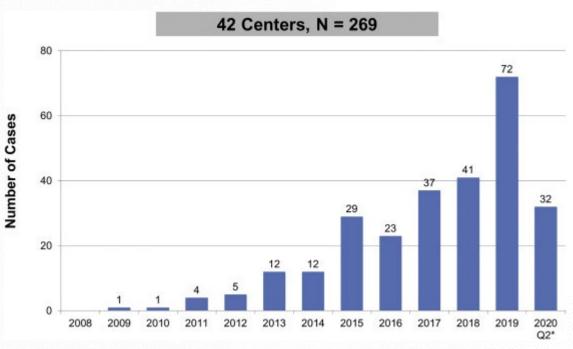






What do we now so far about IE after TAVI? Surgical explantation after TAVI





JACC Cardiovasc Interv 2021;14:1978 Circ Cardiovasc Interv. 2021;14:e009927

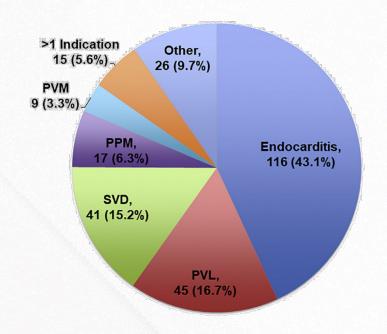








What do we now so far about IE after TAVI? Surgical explantation after TAVI



JACC Cardiovasc Interv 2021;14:1978



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3 Future perspectives

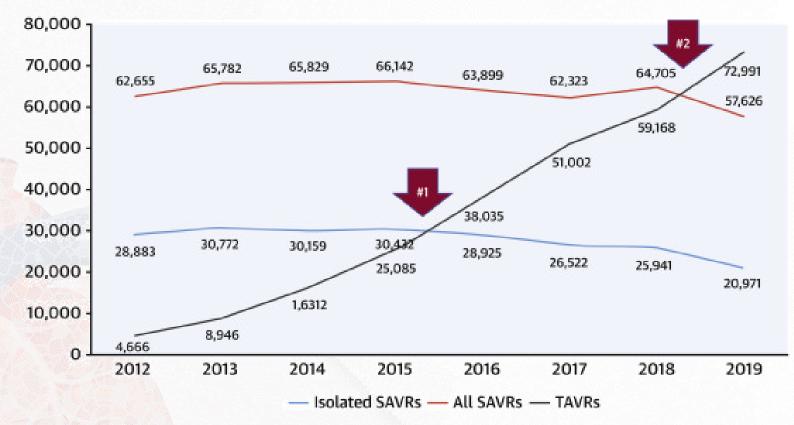


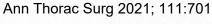






Future perspectives More patients treated with TAVI





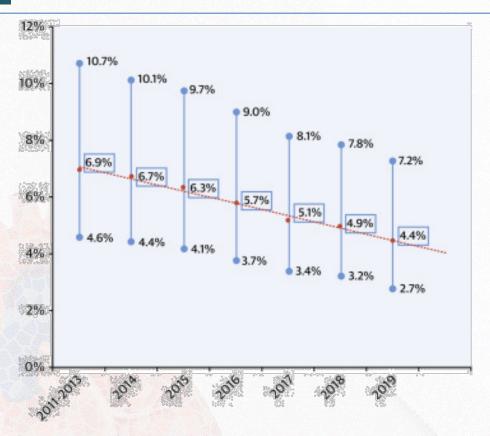


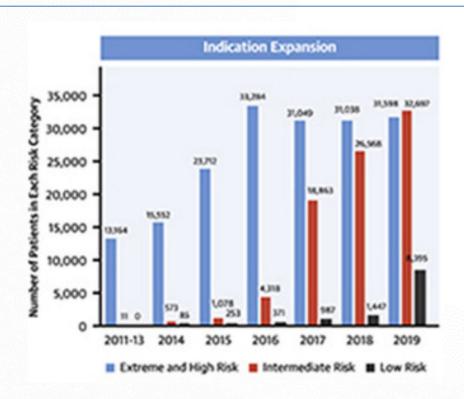






Future perspectives Patient characteristics





Ann Thorac Surg 2021; 111:701







Future perspectives Prospective information

Prospective registries

Reflect real treatment practices

Contemporary patient demographics

Complete information (microbiology)







TAKE HOME MESSAGES

IE after TAVI is a rare but serious complication

Exponential growth in TAVI (low and high risk) -> will become more and more frequent

Current information with limitations

Mostly retrospective data from high surgical risk patients Prospective registries

Clarify the role of surgery in low-intermediate risk patients with IE after TAVI





