EVALUATION OF THE TREATMENT AND MORBIMORTALITY OF INFECTIONENDOCARDITIS BY STAPHYLOCOCCUS AUREUS

Cabueñes University Hospital (Spain)

PURPOSE
To analyze the adequacy of antibiotic treatment in infectious endocarditis (IE) by Staphylococcus aureus (SA) and to assess morbidity and mortality associated.

MATERIAL AND METHODS
August 2014 — March 2017

The degree of adequacy of the antimicrobial regimen was analyzed according to the consensus document published by the SEIMC in 2015, which recommends the following therapy:

EMPIRICAL TREATMENT (E)

- **MSSA***
  - E-MSSA
    - Daptomycin ± Cloxacillin

- **MRSA***
  - E-MRSA
    - Daptomycin + Cloxacillin

TARGET TREATMENT (T)

- **MSSA***
  - NV*
    - T-MSSA-NV
      - Cloxacillin
  - PV*
    - T-MSSA-PV
      - Daptomycin + Rifampicin + Gentamicin

- **MRSA***
  - NV*
    - T-MRSA-NV
      - Daptomycin + Cloxacillin
  - PV*
    - T-MRSA-PV
      - Daptomycin + Rifampicin + Gentamicin


¿To determine morbidity and mortality?

- ✔ Hospital stay
- ✔ Cardiac surgery
- ✔ Embolic complications
- ✔ Mortality

RESULTS

ADEQUACY OF ANTIBIOTIC TREATMENT TO THE CONSENSUS DOCUMENT

15 patients were treated with an average age of 76 years

- E-MSSA: 100%
- E-MRSA: 100%
- T-MSSA-NV: 0%
- T-MSSA-NV-A*: 0%
- T-MSSA-PV: 100%
- T-MRSA-NV: 0%
- T-MRSA-PV: 0%

Adequacy to the consensus
No adequacy to the consensus

MORBIDITY AND MORTALITY

- Cardiac surgery: 33%
- Embolic complications: 56%
- Dead: 44%

CONCLUSIONS

- Due to the low degree of adequacy registered and the fact that optimal treatment still being discussed, it would be convenient to establish a protocol in our hospital for the treatment of IE by SA.
- IE is associated with a high morbidity and mortality, so it is necessary to detect and treat the disease at an early stage with the most appropriate antimicrobial regimen to reduce its mortality and its serious complications.