

PATIENTS WITH CONGENITAL HEART DISEASE AND RISK OF EMERGENCE OF BACTERIAL ENDOCARDITIS IN POST - OPERATIVE PERIOD

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Infective endocarditis is a condition in which an endocardium, the valves or related structure are affected. The infecting organism responsible for this condition are bacterial, fungal, rickettsial or viral. Previous injury to these structures by surgery, trauma or disease usually has occurred. In the period of 1997 to 2002, 248 patients with congenital heart disease were sent for operative treatment at cardiosurgery centers. Bacteriemia and sepsis were confirmed in 7 patients (2.8%), 3 of which (1.2%) had bacterial endocarditis. One patient with bacterial endocarditis had died two weeks after operative treatment. The examinations, used for diagnosis are the following: hemogram, erythrocyte sedimentation rate, C reactive protein, circulating immune complexes, blood culture, electrocardiogram, chest X-rays and contemporary non invasive examinations (M mode, 2D and 2D Doppler echocardiography). The results obtained after the blood culture analyses shown that the most frequent cause was *Streptococcus viridans* (isolated in 3 cases), followed by *Staphylococcus coagulans* negative (in 2 cases), *Staphylococcus aureus* in one and *Pseudomonas aeruginosa* in one patient. Appearance of valve vegetations and valve dysfunction was confirmed in three patients, left ventricular enlarge in four and left atrial enlarge in two patients. However, negative bacterial blood culture doesn't exclude infective endocarditis and absence of vegetations does not eliminate existence of infective endocarditis if other clinical or laboratory signs are present. Preoperative and perioperative use of antibiotics reduced bacterial complications in patients with congenital heart disease after cardiosurgery and implantation of prosthetic materials, valves and conduits.

