devices, and it's frequently seen in injection drug users. The care of these patients is a medical and surgical challenge.

Method We report 9 cases of right sided infective endocarditis.

Results Our patients were four female, five men with an age ranging between 23 and 68 years. They all had a predisposing factor: pacemaker, venous catheter, recent cardiac surgery and drug abuse. Blood cultures were positive in 7 cases, with the identification of Staphylococcus aureus in 5 patients. Cardiac ultrasound was the key examination to display vegetations and quantify tricuspid regurgitation. Treatment was given according to international recommendations, and was based primarily on a bi-bactericidal antibiotic therapy adapted to the isolated germ; surgical treatment was proposed in three cases with favorable evolution in two patients. There was a single case of death resulting from septic shock following cardiac surgery. The outcome was favorable for the other cases.

Conclusion Although rare, tricuspid endocarditis is not exceptional and occurs in a context that favors. The operative indication is rarely hemodynamic, but rather infectious to eradicate an antibiotic resistant focus. Overall prognosis of remains better than the left side.

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Poster n°48

Predictive factors of embolic events in infective endocarditis: A Tunisian cohort

O. Ben Abdeljelil Interne en cardiologie*,
A. Farah Interne en cardiologie , W. Jomaa MCA en cardiologie ,
K. Ben Hamda Professeur en cardiologie ,
F. Maatouk Professeur en cardiologie
Hôpital Monastir, Tunisie
* *Corresponding author.*
E-mail address: oudayon1992@gmail.com (O. Ben Abdeljelil)

Introduction Embolic events (EEs) in infective endocarditis worsen prognosis. Searching early signs predicting EEs may change clinical decisions such as surgical timing and reduce mortality. Our study aimed to identify risk factors of embolic events in our population.

Method This was a prospective study which included all patients diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital, Tunisia, between 1983 and 2017. We included patients who were diagnosed with definite infective endocarditis based on the modified Ducke criteria.

Results Three hundred forty patients were included in this study. The mean age of the patients was 37 ± 17.92 years; 56.4% men were and 33% had rheumatic heart disease. Major predictors of EEs were gram-negative bacillus infection (RR 1.4, 95% CI), mitral valve vegetation (RR 1.3, 95% CI), and vegetation size > 10 mm (RR 1.6, 95% CI). EEs risk was also higher elevated C reactive protein, renal failure, prosthetic mechanical valve vegetation, and lower with Streptococcus spp. and staphylococcus spp. infection.

Conclusion Given the serious consequences of embolism, early surgical intervention may be considered in patients with these risk factors.

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