endocarditis based on the modified Ducke criteria. And the aim was to analyse epidemiology, and predictors of 6-month mortality in infective endocarditis.
*Results* A prospective observational cohort study included 240 patients with definite IE. Thirty-two percent of episodes involved prosthetic valves. Thirty percent of episodes were nosocomial. Thirty-three percent included staphylococci, 22% streptococci, and 10% enterococci. At least one complication occurred in 59% of the episodes and 43% had surgical intervention. Six-month mortality was 20%: 29% for staphylococci, 19% for enterococci, and 9% for streptococci. Seventy-one percent of patients with a contraindication to surgery died when compared with 7% with medical treatment without a contraindication and 13% with surgical treatment. In multivariable logistic regression, predictors of 6-month mortality were age ($P = 0.04$), the causative microorganism ($P = 0.03$), and treatment group ($P = 0.03$).
*Conclusion* Compared with older series, we observed more prosthetic valve IE, nosocomial IE, and surgery. Staphylococcus aureus was the predominant microorganism. Age, staphylococci, and the contraindication to surgery were the main predictors of 6-month mortality.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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**Poster n°43**

## Early predictors of poor outcome in infectious endocarditis: A Tunisian cohort

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*Introduction* Despite all improvements in diagnostic imaging modalities and therapeutic regimens, Infective endocarditis remains a lethal disease which is associated with a high mortality rate. The early identification of patients at risk of infective endocarditis complications is essential to improve prognosis. We aimed at identifying the predictive factors at admission for poor outcomes in infective endocarditis patients.
*Method* This was a prospective study which included all patients diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital 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 our patients was $37 \pm 17.92$ years. There were 56.4% men and 43.6% women. The third of the population had rheumatic heart disease. Cardiac surgery was performed in 76 patients (22.3%), and the overall in-hospital mortality rate was 25%. In the multivariable analysis, the independent predictors of death were: age > 60 years (odds ratio (OR) 1.13, 95% confidence interval (CI) 1.02—1.13), C-reactive protein (CRP) at hospital admission (OR 1.12, 95% CI 1.04—1.21), and the vegetation length on diagnosis (OR 1.15, 95% CI 1.03—1.28). Also, heart failure, cardiogenic shock and embolic events during hospitalization were associated with a poor prognosis.
*Conclusion* Age, C-reactive protein, and the vegetation size were independent factors associated with and in-hospital mortality. Identifying the predictive factors of mortality in infective endocarditis may improve outcomes.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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**Poster n°44**

## Neurological events in children's infective endocarditis: A prospective cohort

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*Introduction* Despite all improvements in diagnostic imaging modalities and therapeutic regimens, Infective endocarditis remains a lethal disease especially in children. Stroke is an uncommon complication of endocarditis in children but it is an important cause of acquired brain injury which is associated with a higher mortality rate.
*Method* This was a prospective study that included all children diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital between 1983 and 2017. We included patients who were diagnosed with definite infective endocarditis based on the modified Ducke criteria.
*Results* Forty children with infective endocarditis were identified, including 19 boys and 21 girls aged Twelve months to eighteen years sixteen (40%) of these individuals had congenital heart disease. Left-sided endocarditis occurred in 33 patients (82.5%), and vegetations were found in 33 individuals (82.5%). The most often encountered micro-organisms in our population were Streptococcus viridans and Staphylococcus aureus, which were identified in five and four patients, respectively. Postendocarditis stroke occurred in 9 patients, including five with cerebral infarction, three with intracerebral hemorrhage and one with pulmonary infraction. The incidence of stroke in children with left-sided endocarditis was significantly higher than those with right-sided endocarditis (17.5% versus 2.5%, $P < 0.01$). The most common manifestation of stroke was hemiparesis (63%). The mortality in children with endocarditis was important (50%). The mortality rate in patients who had stroke was significantly higher than those who had not (75% versus 35%, $P < 0.05$).
*Conclusion* Our study indicates that stroke is common among children with infective endocarditis, especially in those with left-sided endocarditis, and major stroke may increase their risk of death.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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## Friday, June 14, 2019 - 15h45—16h15

**Poster n°47**

## Right sided infective endocarditis: About 9 cases and review of literature

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*Introduction* The right sided infective endocarditis is a rare disease, it represents 5—10% of the total number of Infective endocarditis events, mainly occurring in patients with congenital heart disease, patients carrying intravascular catheters or intracardiac

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.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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**Poster n°48**

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

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*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 $37 \pm 17.92$ 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.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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