


DAN MAREK

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FN Olomouc

- 
- Establishing multidisciplinary endocarditis teams according to the European Society of Cardiology (ESC) and the American College of Cardiology/American Heart Association Guidelines [4](#),[127](#),[128](#) has resulted in earlier and more accurate diagnosis of the primary disease and its complications [5](#),[22](#),[31](#),[40](#),[129](#) uniform antibiotic treatment [36](#),[40](#),[123](#) and optimized timing for surgical intervention [36](#),[37](#),[40](#),[123](#) .

Komplikovaná a nekomplikovaná IE

2015

2023

Section 4. Recommendation Table 4 — Recommendations for the Endocarditis Team

Patients with complicated IE should be evaluated and managed at an early stage in a reference centre, with immediate surgical facilities and the presence of a multidisciplinary 'Endocarditis Team', including an infectious disease specialist, a microbiologist, a cardiologist, imaging specialists, a cardiac surgeon and, if needed, a specialist in CHD.

Ila

B

Diagnosis and management of patients with complicated IE are recommended to be performed at an early stage in a Heart Valve Centre, with immediate surgical facilities and an 'Endocarditis Team' to improve the outcomes.

I

B

For patients with uncomplicated IE managed in a non-reference centre, early and regular communication with the reference centre and, when needed, visits to the reference centre should be made.

Ila

B

For patients with uncomplicated IE managed in a Referring Centre, early and regular communication between the local and the Heart Valve Centre Endocarditis Teams is recommended to improve the outcomes of the patients.

I

B

Table 7 Members of the Endocarditis Team

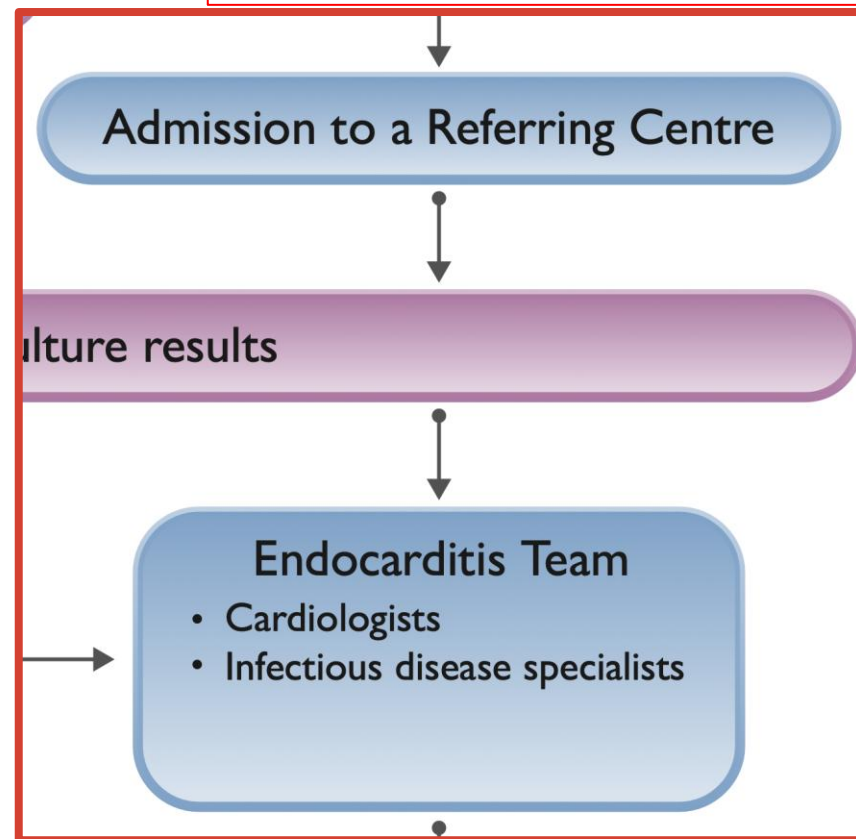
Kardiocentrum

Heart Valve Centre



Core members	<ul style="list-style-type: none">• Cardiologists.• Cardiac imaging experts.• Cardiovascular surgeons.• Infectious disease specialist (or internal medicine specialist with expertise in infectious diseases).• Microbiologist.• Specialist in outpatient parenteral antibiotic treatment.
Adjunct specialities	<ul style="list-style-type: none">• Radiologist and nuclear medicine specialist.• Pharmacologist.• Neurologist and neurosurgeon.• Nephrologist.• Anaesthesiologists.• Critical care.• Multidisciplinary addiction medicine teams.• Geriatricians.• Social worker.• Nurses.• Pathologist.

Lokální nemocnice

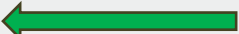

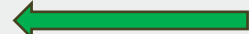
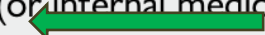
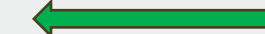

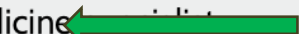
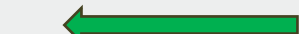
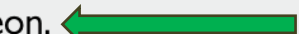
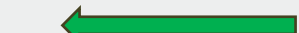
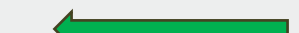
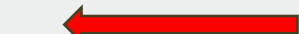


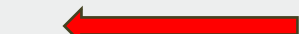
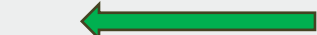


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Česká realita I

Která z těchto odborností existuje?

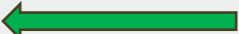

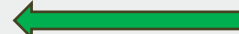
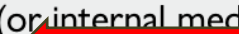
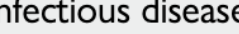
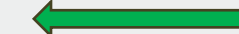
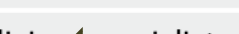
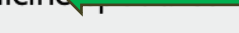
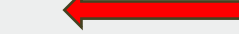
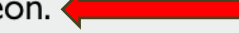
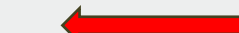


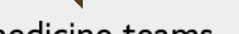
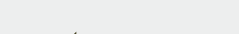

Table 7 Members of the Endocarditis Team

	Heart Valve Centre
Core members	• Cardiologists. 
	• Cardiac imaging experts. 
	• Cardiovascular surgeons. 
	• Infectious disease specialist (or internal medicine specialist with expertise in infectious diseases). 
	• Microbiologist. 
	• Specialist in outpatient parenteral antibiotic treatment. 
Adjunct specialities	• Radiologist and nuclear medicine 
	• Pharmacologist. 
	• Neurologist and neurosurgeon. 
	• Nephrologist. 
	• Anaesthesiologists. 
	• Critical care. 
	• Multidisciplinary addiction medicine teams.
	• Geriatricians. 
	• Social worker. 
	• Nurses. 
	• Pathologist. 

Česká realita II







Kdo se opravdu účastní?

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Koho bych měl oslovit při „nekomplikaci?“ A proč?

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A hlavně: jak poznám, že nejde o komplikovanou endokarditidu?

- pozitivní HK typický mikrob
- teplota > 38, CRP
- vyrážka na kůži
- Něco vlaje na chlopni - TTE

Indolentní přístup referujícího pracoviště:



TEE nedělám



PET nevedeme



MR mozek neumíme, zatím jenom žlučník



hemokultury u nás jsou kontaminované anebo do rána stejně chcípnou

**... vezměte si ho, udělejte dg, nasad'te ATB,
vyřešte komplikace a my ho pak třeba pohlídáme**

Indolentní přístup - chytřejší varianta

Complicated clinical evolution

- Unstable haemodynamic condition under pharmacological and/or respiratory support
- Severe valvular regurgitation (clinical and echocardiographic criteria)
- Prosthetic valve endocarditis with or without prosthetic valve dysfunction
- Stroke (ischaemic or haemorrhagic) with definite or possible IE
- Extravalvular complications (abscesses, fistulae, etc.)
- Positive blood cultures >7 days under appropriate antibiotic therapy
- Embolism
- CIED-related infective endocarditis
- Aggressive or difficult-to-treat microorganisms (*S. aureus*, Gram-negative bacilli, fungi)

PVE
CIED
STAF

emb

Aktivní přístup:



Udělám TEE (lokální kardiolog)



Objednám PET/CT (nukleární kardiolog)



Zajistím MR mozku (lokální radiolog)



Pošlu speciální kultivace na těžko izolovatelné původce (lokální mikrobiolog)



Pošlu obrázky do PAKS FNOL



Konzultuji elektrofysiologa, intervenčního kardiologa, kardiochirurga (ZOOM)

Takže zavádějící otázky:

- Je navrhované složení ET použitelné v našich českých podmínkách, nebo je nepřiměřeně zbytnělé?
- Existuje/má existovat ET pouze v kardiocentrech? chceme podporovat indolentní přístup referujících, anebo jsme živá komunita, kde se flexibilně a efektivně domluvíme?