

P1997 Epidemiology, microbiology, clinical features, treatment and outcome of infective endocarditis: a retrospective study in a teaching hospital of Crete, Greece

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Background: The study evaluated the epidemiology, clinical and microbiological features, treatment and outcome of infective endocarditis (IE) on the island of Crete, a region with high levels of antimicrobial resistance.

Materials/methods: The medical records of all hospitalised patients at the University Hospital of Heraklion, Crete, Greece, diagnosed with IE from 1995 to 2015 were retrospectively reviewed. All patients meeting the modified Duke's criteria for definite or possible IE were included.

Results: Eighty-two IE patients [median age 67 (range 21-86)] were included. Most patients suffered left-sided IE (94%), while most cases occurred in native valves (53.6%). Systemic inflammatory response syndrome (SIRS) criteria were lacking in almost half of the patients. The leading causative microorganism was *S. aureus* isolated in 24 cases (29%), followed by *Streptococcus* spp in 15 (18%) and *Enterococcus* spp in 12 (14.5%). A number of rare and difficult to treat microorganisms had been identified such as *G. morbillorum* in 4 cases (4.5%), *S. lugdunensis* in 2 (2.5%) and *S. pneumoniae* in 1 (1%). One patient had a positive serologic test for *C. burnetii* (1%). All patients received antimicrobial treatment on empirical basis, proven appropriate in 39 blood culture-positive patients (56.5%). Thirteen (16%) of cases were classified as culture-negative. Seven patients (8.5%) had surgical treatment. In-hospital death occurred in 9 patients (11%).

Conclusions: The changing IE profile requires continuous epidemiological updating. *Staphylococcus* and *Streptococcus* spp remain the most common etiologic agents. However, the presence of uncommon and/or difficult to treat pathogens raise concerns about appropriate prophylaxis as well as empirical treatment. Furthermore, serology for *C. burnetii* should be included in the diagnostic workup in endemic areas.