







MILAN SEPTEMBER 21&22,2023





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LOCAL HOST

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Nightmare in valvular heart disease

A patient with cancer and endocarditis

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FACULTY DISCLOSURE

I have no financial relationships to disclose



Clinical case #1

76 yo man

CV risk factors: current smoker

Known for:

- Permanent AF from 2012
- Amyloidosis ATTR wild-type (from 2019) under treatment with Tafamidis
- Previous surgical intervention for lumbar spinal stenosis (2020)













Clinical case #1

In 04/23 admitted to ED for **fever** (**«?urosepsis»)**, treated with Ciprofloxacin 500 mg for 7 days.

In 05/23 new admission to ED for **fever + respiratory distress**:

- Blood cultures: **E. Faecalis** + (2 sets)
- TTE + TOE: vegetations on the aortic valve (right and left cusps) with severe AR
- PET: captating lesion in the colon (cecum)



Conservative treatment: ampicillin i.v. + Linezolid po

Recommendations	Class ^b	Level ^c
(i) Heart failure		
Urgent ^d surgery is recommended in aortic or mitral		
NVE or PVE with severe acute regurgitation or		
obstruction causing symptoms of HF or	1	В
echocardiographic signs of poor haemodynamic		
tolerance. 5,420-422,429		



Three weeks later....

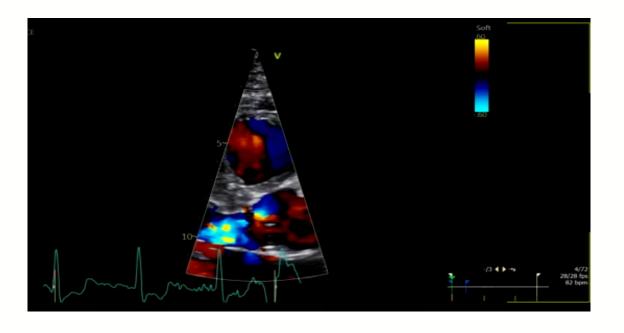
The patient was still complaining dyspnoea for mild effort





TTE Echo at admission

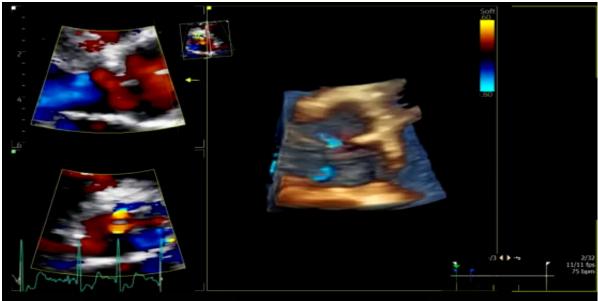






3D TTE Echo at admission







Pre-operative assessment





Right ischaemic frontal lesion (embolization?)

Blood cultures (under antibiotic treatment): negative



Colonscopy

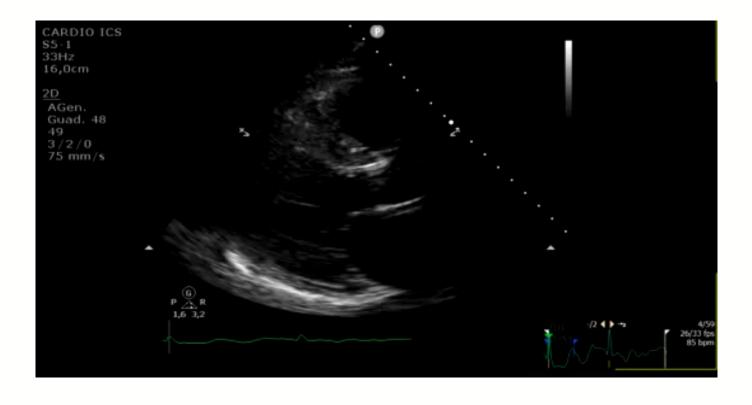


Polipectomy (adenoma)



Surgical AVR + LAA closure (right minithoracotomy)

















EURO-ENDO registry

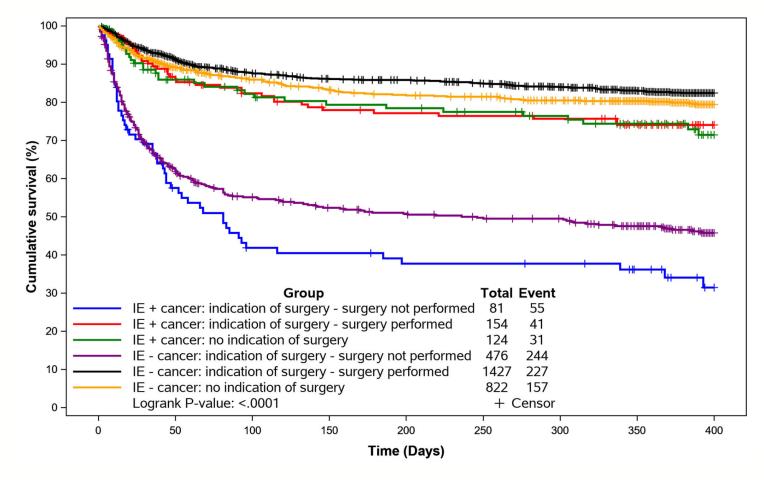
- 3085 patients (multicenter European study)
- 359 **(11.6%) IE + cancer**

IE + cancer vs IE - cancer:

- Same theoretical indication for surgery
- IE + cancer: less performed surgery



Worse prognosis if no surgery



Cosyns B et al. Front Cardiovasc Med 2021; 8: 766996



Cancer: a predisposing factor for IE?

Minor criteria

- (i) Predisposing conditions (i.e. predisposing heart condition at high or intermediate risk of IE or PWIDs)a
- (ii) Fever defined as temperature >38°C
- (iii) Embolic vascular dissemination (including those asymptomatic detected by imaging only):
 - · Major systemic and pulmonary emboli/infarcts and abscesses.
 - · Haematogenous osteoarticular septic complications (i.e. spondylodiscitis).
 - · Mycotic aneurysms.
 - · Intracranial ischaemic/haemorrhagic lesions.
 - · Conjunctival haemorrhages.
 - · Janeway's lesions.

(IV) Immunological phenomena:

- · Glomerulonephritis.
- Osler nodes and Roth spots.
- · Rheumatoid factor.

(V) Microbiological evidence:

- · Positive blood culture but does not meet a major criterion as noted above.
- · Serological evidence of active infection with organism consistent with IE.

Table 8 Cardiac and non-cardiac risk factors

Cardiac risk factors Previous infective endocarditis Valvular heart disease Prosthetic heart valve Central venous or arterial catheter Transvenous cardiac implantable electronic device Congenital heart disease Non-cardiac risk factors Central venous catheter People who inject drugs Immunosuppression Recent dental or surgical procedures Recent hospitalization Haemodialysis



Focus of hematogenous bacterial spread



IE: a clinical marker for occult cancer?

Table 2 Standardized Incidence Ratios for Main Cancer Subgroups among Patients with Endocarditis

	All Years		Within First 3 Months		3 Months to 5 Years		After More than 5 Years	
Cancer Subgroup	Cancers Observed/ Expected	Standardized Incidence Ratio 95% CI)	Cancers Observed/ Expected	Standardized Incidence Ratio (95% CI)	Cancers Observed/ Expected	Standardized Incidence Ratio (95% CI)	Cancers Observed/ Expected	Standardized Incidence Ratio (95% CI)
All cancer	997/620	1.61 (1.51-1.71)	188/23	8.03 (6.92-9.26)	425/280	1.52 (1.38-1.67)	384/316	1.21 (1.10-1.34)
Tobacco-related cancers	291/167	1.74 (1.54-1.95)	65/7	9.82 (7.58-12.52)	121/78	1.56 (1.29-1.86)	105/83	1.26 (1.03-1.53)
Alcohol-related cancers	253/142	1.78 (1.56-2.01)	48/5	8.83 (6.51-11.70)	118/65	1.82 (1.51-2.18)	87/72	1.20 (0.96-1.49)
Immune-related cancers	59/30	1.99 (1.52-2.57)	12/1	11.75 (6.06-20.52)	21/13	1.64 (1.02-2.51)	26/16	1.65 (1.08-2.41)
Hematological cancers	49/25	1.95 (1.44-2.57)	23/1	24.43 (15.48-36.66)	17/11	1.51 (0.88-2.42)	9/13	0.69 (0.32-1.32)

CI = confidence interval; ICD-10 = International Classification of Diseases, 10th Revision.











Clinical case #2

48 yo woman

No CV risk factors

Comorbidities: ulcerative colitis (2008), spondiloartritis with sternocostal joints involvement (tp: Infliximab)

Recent medical history:

In 03/23 admission to ED for **dyspnoea and palpitations**:

- AF treated by electrical cardioversion
- TTE: moderate-to-severe MR for «anterior leaflet prolapse» + moderate AR
- TOE: severe MR «for cordal rupture», no vegetations/thrombotic lesions



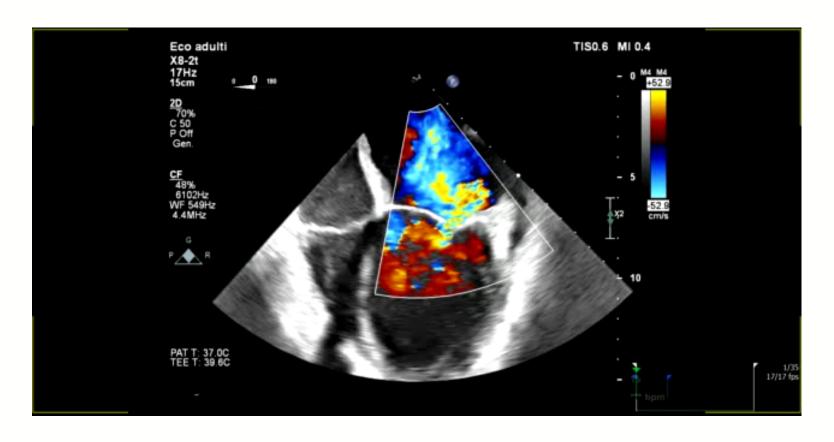
Transferred to our Centre for MVR ± AVR



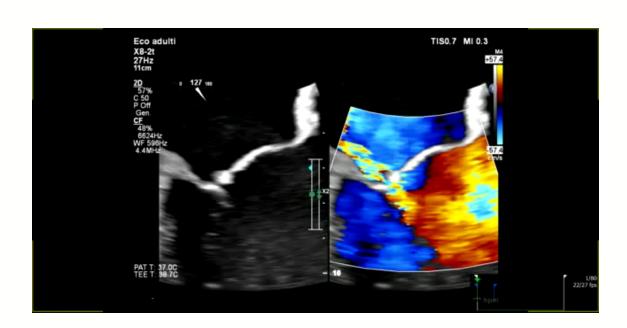
Blood tests at admission

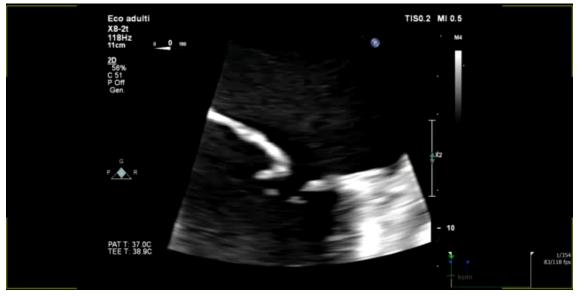
- WBC 9920/µL
- Hb 11.7 g/dL
- Plt 502000/μL
- Creatinine 0.76 mg/dL
- CRP 7.24 mg/dL
- Tn HS I 12.31 pg/mL
- Fibrinogen 728 mg/dL
- D-dimer 337.0 μg/L
- INR 2.0









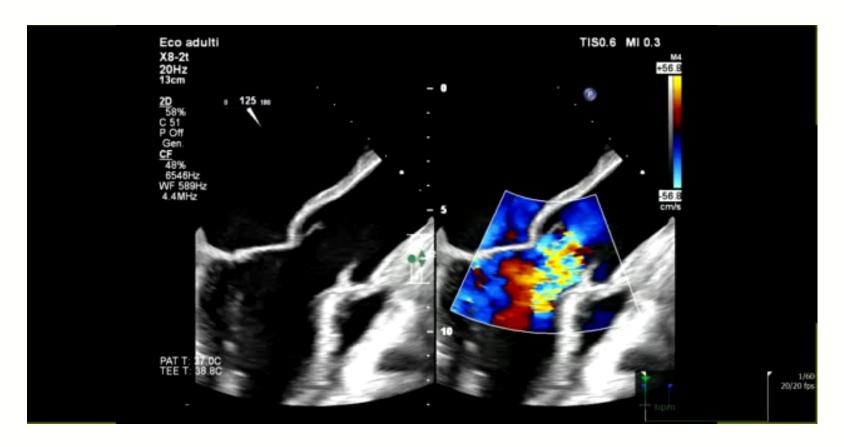


Perforation + Anterior (A3) and posterior (P1) leaflet **vegetations**

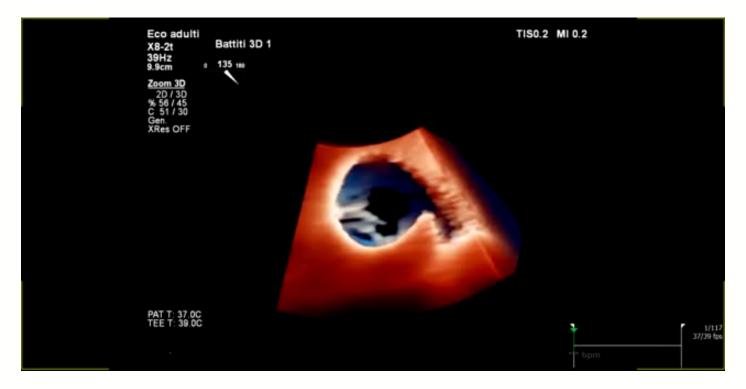








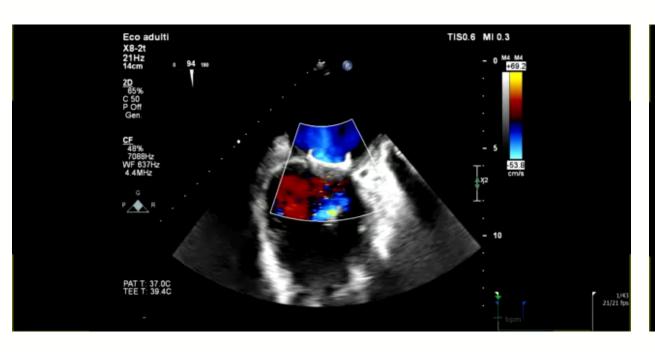




Perforation of the left aortic cusp



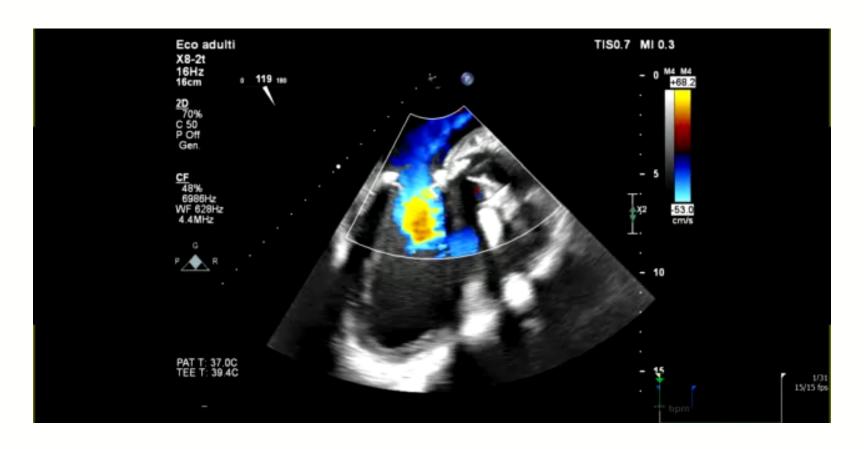
Intraoperative TOE: mitral valve repair + AVR







Intraoperative TOE: double-valve replacement





Post-operative management

How to proceed?



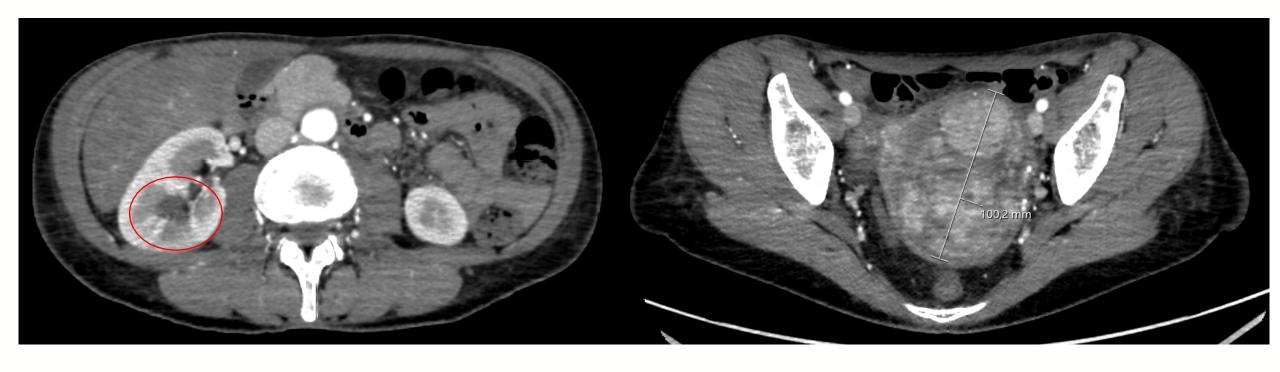


Post-operative management

- > Start antibiotic therapy: Daptomicin 500 mg i.v. + Ceftriaxone 2 g/day i.v.
- ➤ Blood cultures (3 sets): negative.
- Urine culture: negative.
- > Valve culture: negative.
- Whole body CT



Whole-body CT



Right renal hypodensity (embolization?)

Pelvic mass (uterine neoplasm?)







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Background of autoinflammatory diseases



Pelvic mass strongly suspected for **malignancy**

Non-bacterial thrombotic endocarditis (NBTE)



After the cardiac rehabilitation program..

New admission in ED for fever (39°) and fatigue.

Blood tests at admission:

- CRP 13.6 mg/dL
- Procalcitonin 0.01 ng/mL
- Hb 9.3 g/dL

Blood culture and tests for legionella, mycoplasma, bartonella, brucella, fungi: negative.



TOE





PET

- Homogeneous hypercaptation on aortic and mitral valve and on pericardium
- Marked hypercaptation in the pelvic mass



Management

Switch from VKA to LMWH --> complete resolution of the thrombotic lesions
 (during the switch episode of left superior arm hypoasthesia + diplopia ->
 negative CT head)

• Surgical treatment of pelvic mass: isterectomy + bilateral annessiectomy













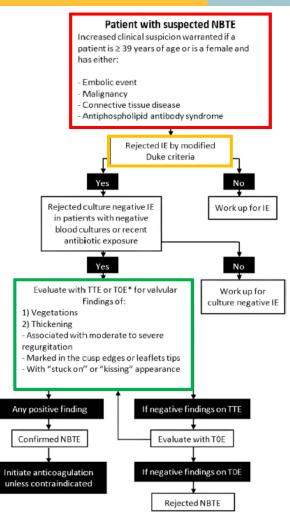


Proposed Mayo-Clinic diagnostic work-up for NBTE

1) Clinical suspicion: age ≥ 39 yo, female, clinical history

2) Reject IE by Modified Duke Criteria

3) Evaluate the valve: vegetations or thickening!





Take home messages

- > Cancer is a frequent finding in patients with IE (approximately 10% of pts)
- > Cancer is a non cardiac-risk factor for IE
- > IE is an important clinical marker for cancer
- ➤ Patients with cancer + IE have worse prognosis if surgery is not performed (but these pts have more comorbidities and higher surgical risk)
- ➤ Do not forget non-infective etiology!