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Aorta Surgery Associated with Endocarditis

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Background:
Heart surgery for endocarditis is associated with significant morbidity and mortality. Recurrent endocarditis is common due to the need to use artificial implants such as heart valves prosthesis or annuloplasty rings. When the operation includes the ascending aorta the operative risk is higher and due to the large amount of artificial tissue the risk for recurrent endocarditis is also higher.

Methods:
Since January 2004 we operated 580 patients with involvement of the ascending aorta. Of them 21(4%) where operated due to bacterial endocarditis. The mean age was 55±19 years, 16(76%) were males. 21(100%) were operated within the acute phase of the disease. In 13 patients (55%) it was a second aorta operation. Operations included: replacement of the aorta 5(24%) cases, aorta and aortic valve 3(14%) cases and composite AVR in 13(62%) patients. 4(19%) patients needed other concomitant procedures such as MV, TV or CABG.

Results:
There were 1 cases of early mortality (5%) and 5 cases of late death (25%). Early morbidity included stroke 2(10%) cases, sepsis 2(10%) cases, acute renal failure 1(5%) cases. Mean hospital stay was 15±12 days. At follow-up, there were 2(10%) cases of reoperation and 3(15%) cases of recurrent endocarditis. Reasons for late mortality where: sepsis 2(10%), MOF 1 (5%), unknown 2(10%).

Conclusions:
Aorta operations for endocarditis are complex and have significant morbidity and mortality. Due to relative high risk of endocarditis recurrence, those patients need life-long close follow-up and treatment.