

Endocarditis Overview

Infective (>98%)

Why?

1. Infection
2. Infected clot on valve (damaged valve > normal)

What?

- Duke criteria
- Valve(s): Native (80%)
 - *Left-sided (80%)
 - *Right-sided (10%)
 - *Left and Right (10%)
- BCx: Pos (90%), Neg (10%)
- Tempo: Acute, subacute, chronic

Who?

- Structural heart disease (75%)
- Intracardiac devices
- Health-care contact
- Immunocompromised
- Central lines, IVDU
- Poor dentition

Noninfective (RARE)

Why?

1. Noninfectious inflammation
2. Sterile clot on valve (normal valve >>> damaged)

What?

- Left-sided >> R-sided; MV > AV
- Often no sx until embolization
- Brain >> coronary, spleen, kidney, skin

Who?

- *Pancreatic/GI/Lung (80%) (adeno > others)
- *SLE/APLS
- *RA, Sepsis, Burns

Mimics (RARE)

- *Gout (separate schema)
- *Metastatic calcinosis

Why?

1. Increased CaPO₄
2. CaPO₄ deposition on valve

What?

- MV > AV
- Often no sx until embolization
- Rarely mimics vegetation
- Brain and others

Who?

- ESRD
- High CaPO₄

