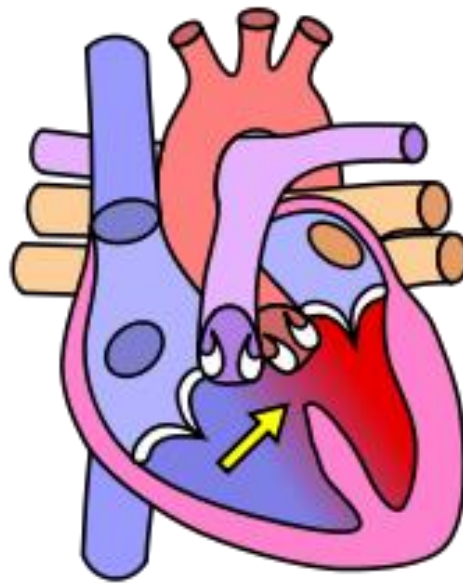


Cardiac Nurses

Current Awareness Newsletter

August 2016



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July (1pm)

Tue 5th **Critical Appraisal**
Wed 13th **Statistics**
Thurs 21st **Information resources**
Fri 29th **Literature Searching**

August (12pm)

Tue 2nd **Critical Appraisal**
Wed 10th **Statistics**
Thurs 18th **Information resources**
Fri 26th **Literature Searching**

Tables of Contents from relevant journals

If you require full articles please email: library@uhbristol.nhs.uk

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Latest Cochrane Systematic Reviews

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Highlighted Cochrane Review

[Structured telephone support or non-invasive telemonitoring for patients with heart failure](#)

Sally C Inglis, Robyn A Clark, Riet Dierckx, David Prieto-Merino, John GF Cleland

[Drug-eluting balloon angioplasty versus uncoated balloon angioplasty for peripheral arterial disease of the lower limbs](#)

Ahmed Kayssi, Talal Al-Atassi, George Oreopoulos, Graham Roche-Nagle, Kong Teng Tan, Dheeraj K Rajan

Online Publication Date: August 2016

[Laparoscopic surgery for abdominal aortic aneurysm](#)

Lindsay Robertson, Sandip Nandhra

Online Publication Date: July 2016

[Fluvastatin for lowering lipids](#)

Stephen P Adams, Sarpreet S Sekhon, James M Wright, Michael Tsang

Online Publication Date: July 2016

[Unfractionated heparin versus bivalirudin in patients undergoing percutaneous coronary intervention for acute coronary syndrome](#)

Nayan K Desai, Richard M Pescatore, Janah Aji

Online Publication Date: July 2016

[Pharmacological interventions for treating heart failure in patients with Chagas cardiomyopathy](#)

Arturo J Martí-Carvajal, Joey SW Kwong
Online Publication Date: July 2016

[Self-monitoring and self-management of oral anticoagulation](#)

Carl J Heneghan, Josep M Garcia-Alamino, Elizabeth A Spencer, Alison M Ward, Rafael Perera, Clare Bankhead, Pablo Alonso-Coello, David Fitzmaurice, Kamal R Mahtani, Igho J Onakpoya

[**Recent Research from Research Gate**](#) [click here](#)

[**New NICE Guidance**](#)

No new guidelines published in June



UpToDate is the leading evidence-based clinical decision support system, designed for use at the point of care.

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- ❖ Family medicine
- ❖ Gastroenterology and hepatology
- ❖ General surgery
- ❖ Geriatrics
- ❖ Haematology
- ❖ Hospital Medicine
- ❖ Infectious diseases
- ❖ Nephrology and hypertension
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- ❖ Obstetrics and gynaecology
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- ❖ Pulmonary, critical care and sleep medicine
- ❖ Rheumatology

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Literature Search

A new topic can be chosen every month/quarter to reflect changes in practice or new developments in any particular field of interest.

This section can be changed.

1. Shear-Resistant Binding to von Willebrand Factor Allows *Staphylococcus lugdunensis* to Adhere to the Cardiac Valves and Initiate Endocarditis.
2. Mid-Term Outcomes after Percutaneous Closure of the Secundum Atrial Septal Defect with the Figulla-Occlutech Device.
3. Cerebral Mycotic Aneurysm and Infective Endocarditis: A Case Study.
4. An Approach to Improve the Negative Predictive Value and Clinical Utility of Transthoracic Echocardiography in Suspected Native Valve Infective Endocarditis.
5. Infective Endocarditis: A Deadly Disease if Diagnosed Too Late.
6. Advantages and Limitations of Direct PCR Amplification of Bacterial 16S-rDNA from Resected Heart Tissue or Swabs Followed by Direct Sequencing for Diagnosing Infective Endocarditis: A Retrospective Analysis in the Routine Clinical Setting.
7. Clinically Significant Pocket Hematoma Increases Long-Term Risk of Device Infection: BRUISE CONTROL INFECTION Study.
8. Effectiveness and Safety of Transcatheter Closure of Perimembranous Ventricular Septal Defects in Adults.
9. Role of Heart Failure and Infectious Etiology in Infective Endocarditis With New-Onset Atrial Fibrillation.
10. Atrial Fibrillation in Infective Endocarditis.
11. The infected heart: ventriculoseptal abscess and intracardiac fistulization.
12. Infective Endocarditis.
13. Endovascular Therapy for Infectious Intracranial Aneurysm: A Report of Four Cases.
14. Sudden infant death due to Lactococcal infective endocarditis.
15. Incidence and Predictors of Infective Endocarditis in Mitral Valve Prolapse: A Population-Based Study.
16. Infective endocarditis.
17. Usefulness of New-Onset Atrial Fibrillation, as a Strong Predictor of Heart Failure and Death in Patients With Native Left-Sided Infective Endocarditis.
18. Man With Acute Respiratory Distress. Tricuspid vegetation concerning for infective endocarditis.
19. Endocarditis caused by *Streptococcus canis*: an emerging zoonosis?
20. Surgical and Medical Management of Isolated Tricuspid Valve Infective Endocarditis in Intravenous Drug Users.
21. *Kingella kingae* Sequence Type 25 Causing Endocarditis with Multiple and Severe Cerebral Complications.
22. Quadricuspid Aortic Valve: Characteristics, Associated Structural Cardiovascular Abnormalities, and Clinical Outcomes.
23. Systematic Search for Present and Potential Portals of Entry for Infective Endocarditis.
24. When the Cat's Out of the Bag: Searching for Portals of Entry in Infective Endocarditis.
25. Efficacy and Safety of Long-Acting Reversible Contraception in Women With Cardiovascular Conditions.
26. Catastrophic Intracranial Hemorrhages after IV tPA in a Patient with Insidious Onset of Fever and Back Pain.
27. Fact or Artifact in Two-Dimensional Echocardiography: Avoiding Misdiagnosis and Missed Diagnosis.
28. RISK FACTORS FOR INFECTIVE ENDOCARDITIS IN SURGICAL PATIENTS WITH BICUSPID AORTIC VALVE DISEASE.

29. WHEN GUIDELINES FAIL, A CASE STUDY IN INFECTIVE ENDOCARDITIS AND PERIMEMBRANOUS VENTRAL SEPTAL DEFECT.
30. DIAGNOSIS OF PULMONIC VALVE INFECTIVE ENDOCARDITIS WITH THE USE OF POSITRON EMISSION TOMOGRAPHY-COMPUTED TOMOGRAPHY SCAN.
31. EMBOLIC CORONARY OCCLUSION CAUSED BY CULTURE NEGATIVE ENDOCARDITIS: DOCUMENTED BY PRE AND POST ANGIOGRAPHY.
32. RIGHT VENTRICULAR ENDOCARDIECTOMY FOR LOEFFLER'S ENDOCARDITIS PRESENTING AS CARDIOGENIC SHOCK.
33. OF LIFE OR LIMB: THE ROLE OF ANTICOAGULATION IN NATIVE VALVE INFECTIVE ENDOCARDITIS.
34. PROPIONIBACTERIUM ACNES PROSTHETIC VALVE ENDOCARDITIS.
35. NON-BACTERIAL THROMBOTIC ENDOCARDITIS IN A PATIENT WITH PRIMARY ANTIPHOSPHOLIPID SYNDROME.
36. AN UNUSUALLY RARE CASE OF DISSEMINATED MUCORMYCOSIS ENDOCARDITIS PRESENTING AS ACUTE BILATERAL LOWER EXTREMITY ISCHEMIA.
37. AN UNPRECEDENTED CASE OF LATE BACTERIAL ENDOCARDITIS INVOLVING THE HELEX SEPTAL OCCLUDER DEVICE.
38. LIBMAN SACKS ENDOCARDITIS: A PRESENTATION WITH CRITICAL LIMB ISCHEMIA.
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40. IS IT LIBMAN-SACKS ENDOCARDITIS?
41. INFECTIVE ENDOCARDITIS PRESENTING WITH ST SEGMENT ELEVATION MYOCARDIAL INFARCTION.
42. YIELD OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY TO DETECT INVASIVE COMPLICATIONS OF AORTIC PROSTHETIC VALVE ENDOCARDITIS.
43. THE CLINICAL UTILITY OF 18F-FDG POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY SCAN VERSUS 99MTC-HMPAO WHITE BLOOD CELL SINGLE-PHOTON EMISSION COMPUTERIZED TOMOGRAPHY IN THE EXTRA-CARDIAC WORK-UP OF PATIENTS WITH DUKE DEFINITE INFECTIVE ENDOCARDITIS.
44. IMPACT OF THE AMERICAN HEART ASSOCIATION'S 2007 GUIDELINES ON THE PRACTICE OF DENTAL PROPHYLAXIS FOR THE PREVENTION OF INFECTIVE ENDOCARDITIS IN HIGH RISK PATIENTS: OLMSTED COUNTY, MINNESOTA.
45. NO ASSOCIATED RISK OF INFECTIOUS ENDOCARDITIS WITH ROUTINE DENTAL CARE.
46. FIVE-YEAR MORTALITY OF INFECTIVE ENDOCARDITIS IN A POPULATION-BASED COHORT.
47. Infective endocarditis caused by *Klebsiella oxytoca* in an intravenous drug user with cancer.
48. Triple-valve infective endocarditis.
49. Periodic Protrusion of Right Coronary Cusp into Left Ventricular Outflow Tract Due to Detachment from the Aortic Annulus Complicated with Infective Endocarditis.
50. Clinical and microbiological features of infective endocarditis caused by aerococci.

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1. Shear-Resistant Binding to von Willebrand Factor Allows Staphylococcus lugdunensis to Adhere to the Cardiac Valves and Initiate Endocarditis.

Source: Journal of Infectious Diseases; Apr 2016; vol. 213 (no. 7); p. 1148-1156

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1093/infdis/jiv773>

ISSN: 00221899

Publisher: Oxford University Press / USA

Accession Number: 113547119

Author(s): Liesenborghs, Laurens; Peetermans, Marijke; Claes, Jorien; Veloso, Tiago Rafael; Vandenbriele, Christophe; Criel, Maarten; Lox, Marleen; Peetermans, Willy E.; Heilbronner, Simon; de Groot, Philip G.; Vanassche, Thomas; Hoylaerts, Marc F.; Verhamme, Peter

Subject Terms: Endocarditis, Bacterial Microbiology; Staphylococcal Infections Microbiology; Bacterial Physiology Physiology; Blood Coagulation Factors Metabolism; Staphylococcus Physiology; Heart Valves Microbiology; Mice; Ligands; Animals; Genes; Biomechanics; Blood Coagulation Factors

Abstract:Background: Staphylococcus lugdunensis is an emerging cause of endocarditis. To cause endovascular infections, S. lugdunensis requires mechanisms to overcome shear stress. We investigated whether platelets and von Willebrand factor (VWF) mediate bacterial adhesion to the vessel wall and the cardiac valves under flow. Methods: S. lugdunensis binding to VWF, collagen, and endothelial cells was studied in a parallel flow chamber in the absence and presence of platelets. In vivo adhesion of S. lugdunensis was evaluated in a mouse microvasculature perfusion model and a new mouse model of endocarditis. Results: Contrary to other coagulase-negative staphylococci, S. lugdunensis bound to VWF under flow, thus enabling its adhesion to endothelial cells and to the subendothelial matrix. In inflamed vessels of the mesenteric circulation, VWF recruited S. lugdunensis to the vessel wall. In a novel endocarditis mouse model, local inflammation and the resulting release of VWF enabled S. lugdunensis to bind and colonize the heart valves. Conclusions: S. lugdunensis binds directly to VWF, which proved to be vital for withstanding shear forces and for its adhesion to the vessel wall and cardiac valves. This mechanism explains why S. lugdunensis causes more-aggressive infections, including endocarditis, compared with other coagulase-negative staphylococci.

Database: CINAHL

2. Mid-Term Outcomes after Percutaneous Closure of the Secundum Atrial Septal Defect with the Figulla-Occlutech Device.

Source: Journal of Interventional Cardiology; Apr 2016; vol. 29 (no. 2); p. 208-215

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1111/joic.12284>

ISSN: 08964327

Place of Publication: Malden, Massachusetts

Publisher: Wiley-Blackwell

Accession Number: 114439444

Author(s): Pedra, Carlos A. C.; Pedra, SIMONE F.; Costa, Rodrigo N.; Ribeiro, Marcelo S.; Nascimento, Wanda; Campanhã, Luis Otávio S.; Santana, M. Virginia T.; Jatene, IEDA B.; Assef, Jorge E.; Fontes, Valmir F.; Campanhã, Luis Otávio S

Abstract: Objectives: To evaluate the mid-term outcomes after percutaneous closure of the secundum atrial septal defects (ASD) using the Figulla-Occlutech device (FOD). Background: Transcatheter closure has become the method of choice for most patients with ASD. Although the FOD may have some advantageous characteristics there is a paucity of data on later outcomes after the use of this relatively new device. Methods: Observational, single arm study including 200 non-consecutive patients who underwent ASD closure between 04/09 and 07/15 in 2 centers. Device performance, deployment technique, and immediate and mid-term outcomes were assessed. Results: Median age and weight were 24 years (4-72) and 58 kg (15-92), respectively. Single defects were observed in 171 patients (median size of 19 mm). The remainder had multiple or multifenestrated defects. Implantation of FOD (median size of 24 mm) was successful in all (99%), but 2 patients (1 with deficient postero-inferior rim; 1 with a large ASD for the size of the child). Embolization with device retrieval occurred in 2 (1%). Median follow-up of 36 months was obtained in 172 patients. Serial echocardiographic assessment showed complete closure in all but 2 patients, in whom an additional small non-significant posterior defect was purposely left untouched. There have been no episodes of late arrhythmias, device embolization, cardiac erosion, endocarditis, thromboembolism, wire fracture, or death. Conclusions: Transcatheter closure of ASDs in older children, adolescents, and adults using the FOD was highly successful in a wide range of anatomical scenarios with high closure rates and no complications in mid-term follow-up. (J Interven Cardiol 2016;29:208-215).

Database: CINAHL

3. Cerebral Mycotic Aneurysm and Infective Endocarditis: A Case Study.

Source: Journal of Neuroscience Nursing; Apr 2016; vol. 48 (no. 2); p. 100-104

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1097/JNN.000000000000188>

ISSN: 08880395

Place of Publication: Baltimore, Maryland

Publisher: Lippincott Williams & Wilkins

Accession Number: 113845324

Author(s): Schneider, Melissa A.; Pomidor, Michelle A.

Available in full text at [Canadian Journal of Neuroscience Nursing](#) - from EBSCOhost

Subject Terms: Endocarditis, Bacterial Complications; Hematoma Surgery; Neuroscience Nursing; Cerebral Aneurysm Diagnosis; Craniotomy; Adult; Male; Endocarditis, Bacterial Diagnosis; Endocarditis, Bacterial Drug Therapy; Rupture Prevention and Control; Nursing Assessment; Cerebral Arteries; Cerebral Aneurysm Classification; Methicillin Resistance; Tomography, X-Ray Computed; Outcomes (Health Care); Adult: 19-44 years; Male

Database: CINAHL

4. An Approach to Improve the Negative Predictive Value and Clinical Utility of Transthoracic Echocardiography in Suspected Native Valve Infective Endocarditis.

Source: Journal of the American Society of Echocardiography; Apr 2016; vol. 29 (no. 4); p. 315-322

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.echo.2015.12.009>

ISSN: 08947317

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 114253842

Author(s): Sivak, Joseph A; Vora, Amit N; Navar, Ann Marie; Schulte, Phillip J; Crowley, Anna Lisa; Kisslo, Joseph; Corey, G Ralph; Liao, Lawrence; Wang, Andrew; Velazquez, Eric J; Samad, Zainab

Abstract:Background: In patients with suspected native valve infective endocarditis, current guidelines recommend initial transthoracic echocardiography (TTE) followed by transesophageal echocardiography (TEE) if clinical suspicion remains. The guidelines do not account for the quality of initial TTE or other findings that may alter the study's diagnostic characteristics. This may lead to unnecessary TEE when initial TTE was sufficient to rule out vegetation. Methods: The objective of this study was to determine if the use of a strict definition of negative results on TTE would improve the performance characteristics of TTE sufficiently to exclude vegetation. A retrospective analysis of patients at a single institution with suspected native valve endocarditis who underwent TTE followed by TEE within 7 days between January 1, 2007, and February 28, 2014, was performed. Negative results on TTE for vegetation were defined by either the standard approach (no evidence of vegetation seen on TTE) or by applying a set of strict negative criteria incorporating other findings on TTE. Using TEE as the gold standard for the presence of vegetation, the diagnostic performance of the two transthoracic approaches was compared. Results: In total, 790 pairs of TTE and TEE were identified. With the standard approach, 661 of the transthoracic studies had negative findings (no vegetation seen), compared with 104 studies with negative findings using the strict negative approach (meeting all strict negative criteria). The sensitivity and negative predictive value of TTE for detecting vegetation were substantially improved using the strict negative approach (sensitivity, 98% [95% CI, 95%-99%] vs 43% [95% CI, 36%-51%]; negative predictive value, 97% [95% CI, 92%-99%] vs 87% [95% CI, 84%-89%]). Conclusions: The ability of TTE to exclude vegetation in patients is excellent when strict criteria for negative results are applied. In patients at low to intermediate risk with strict negative results on TTE, follow-up TEE may be unnecessary.

Database: CINAHL

5. Infective Endocarditis: A Deadly Disease if Diagnosed Too Late.

Source: Journal of the American Society of Echocardiography; Apr 2016; vol. 29 (no. 4); p. 323-324

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.echo.2016.02.010>

ISSN: 08947317

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 114253844

Author(s): Habib, Gilbert; Salaun, Erwan; Hubert, Sandrine

Database: CINAHL

6. Advantages and Limitations of Direct PCR Amplification of Bacterial 16S-rDNA from Resected Heart Tissue or Swabs Followed by Direct Sequencing for Diagnosing Infective Endocarditis: A Retrospective Analysis in the Routine Clinical Setting.

Source: BioMed Research International; Mar 2016 ; p. 1-10

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1155/2016/7923874>

ISSN: 23146133

Place of Publication: New York, New York

Publisher: Hindawi Publishing Corporation

Accession Number: 113954491

Author(s): Maneg, Daniela; Sponsel, Janina; Müller, Iris; Lohr, Benedikt; Penders, John; Madlener, Katharina; Hunfeld, Klaus-Peter

Available in full text at [BioMed Research International](#) - from ProQuest

Available in full text at [BioMed Research International](#) - from EBSCOhost

Subject Terms: Polymerase Chain Reaction; DNA Analysis; Endocarditis, Bacterial Diagnosis; DNA Classification; Sequence Analysis; Heart; Human; Retrospective Design; Sensitivity and Specificity; Predictive Value of Tests; Descriptive Statistics; Germany; Record Review; Nonexperimental Studies; Male; Female; Middle Age; Aged; Hospitals; Middle Aged: 45-64 years; Aged: 65+ years; Male; Female

Database: CINAHL

7. Clinically Significant Pocket Hematoma Increases Long-Term Risk of Device Infection: BRUISE CONTROL INFECTION Study.

Source: Journal of the American College of Cardiology (JACC); Mar 2016; vol. 67 (no. 11); p. 1300-1308

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jacc.2016.01.009>

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113555254

Author(s): Essebag, Vidal; Verma, Atul; Healey, Jeff S.; Krahn, Andrew D.; Kalfon, Eli; Coutu, Benoit; Ayala-Paredes, Felix; Tang, Anthony S.; Sapp, John; Sturmer, Marcio; Keren, Arie; Wells, George A.; Birnie, David H.

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Abstract:Background: The BRUISE CONTROL trial (Bridge or Continue Coumadin for Device Surgery Randomized Controlled Trial) demonstrated that a strategy of continued warfarin during cardiac implantable electronic device surgery was safe and reduced the incidence of clinically significant pocket hematoma (CSH). CSH was defined as a post-procedure hematoma requiring further surgery and/or resulting in prolongation of hospitalization of at least 24 h, and/or requiring interruption of anticoagulation. Previous studies have inconsistently associated hematoma with the subsequent development of device infection; reasons include the retrospective nature of many studies, lack of endpoint adjudication, and differing subjective definitions of hematoma.Objectives: The BRUISE CONTROL INFECTION (Bridge or Continue Coumadin for Device Surgery Randomized Controlled Trial Extended Follow-Up for Infection) prospectively examined the association between CSH and

subsequent device infection. **Methods:** The study included 659 patients with a primary outcome of device-related infection requiring hospitalization, defined as 1 or more of the following: pocket infection; endocarditis; and bloodstream infection. Outcomes were verified by a blinded adjudication committee. Multivariable analysis was performed to identify predictors of infection. **Results:** The overall 1-year device-related infection rate was 2.4% (16 of 659). Infection occurred in 11% of patients (7 of 66) with previous CSH and in 1.5% (9 of 593) without CSH. CSH was the only independent predictor and was associated with a >7-fold increased risk of infection (hazard ratio: 7.7; 95% confidence interval: 2.9 to 20.5; $p < 0.0001$). Empiric antibiotics upon development of hematoma did not reduce long-term infection risk. **Conclusions:** CSH is associated with a significantly increased risk of infection requiring hospitalization within 1 year following cardiac implantable electronic device surgery. Strategies aimed at reducing hematomas may decrease the long-term risk of infection. (Bridge or Continue Coumadin for Device Surgery Randomized Controlled Trial [BRUISE CONTROL]; NCT00800137).

Database: CINAHL

8. Effectiveness and Safety of Transcatheter Closure of Perimembranous Ventricular Septal Defects in Adults.

Source: American Journal of Cardiology; Mar 2016; vol. 117 (no. 6); p. 980-987

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.amjcard.2015.12.036>

ISSN: 00029149

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 116489119

Author(s): Wang, Jianming; Zuo, Jian; Yu, Shiqiang; Yi, Dinghua; Yang, Xiuling; Zhu, Xianyang; Li, Jun; Yang, Lifang; Xiong, Lize; Ge, Shuping; Ren, Jun; Yang, Jian

Available in full text at [American Journal of Cardiology, The](#) - from ProQuest

Subject Terms: Heart Septal Defects, Ventricular Ultrasonography; Prostheses and Implants Adverse Effects; Patient Safety; Heart Catheterization Equipment and Supplies; Heart Septal Defects, Ventricular Therapy; Heart Catheterization Adverse Effects; Heart Valve Diseases Etiology; Risk Factors; Time Factors; Retrospective Design; Prospective Studies; Adolescence; Aged; Middle Age; Risk Assessment; Echocardiography; Adult; Heart Septal Defects, Ventricular Mortality; Female; Prosthesis Design; Male; Heart Block Etiology; Kaplan-Meier Estimator; Treatment Outcomes; Adolescent: 13-18 years; Aged: 65+ years; Middle Aged: 45-64 years; Adult: 19-44 years; Female; Male

Abstract: This study was designed to determine the long-term safety and efficacy of using modified double-disk occluders for perimembranous ventricular septal defect (pmVSD) closure in adults. From January 2004 to December 2014, 337 adults with pmVSDs were treated through transcatheter intervention using 2 types of double-disk occluders; 302 patients received a symmetrical concentric pmVSD occluder, and 35 patients received an asymmetrical concentric pmVSD occluder. All patients were followed up through electrocardiography and transthoracic echocardiography until June 2015. The success rate was 100% for both procedures. During the median 71-month follow-up period, no cases of infective endocarditis, cerebrovascular accidents, heart failure, or death occurred. Two major adverse events (0.6%) were recorded: complete atrioventricular block requiring surgical treatment in one patient and severe tricuspid valvular regurgitation requiring surgical repair in another patient. Cardiac conduction block was the most common minor adverse event. The mean

left ventricular (LV) end-diastolic volume decreased from 96.6 ± 23.2 ml before intervention to 86.0 ± 22.0 ml ($p < 0.05$) at the 6-month follow-up visit. Previously enlarged LV chambers decreased to normal sizes during the follow-up period. In conclusion, transcatheter closure of pmVSDs using modified double-disk occluders was both safe and effective and yielded excellent long-term results in adults. The potential benefits of this intervention included remodeling of the heart, a reduced incidence of infective endocarditis and prevention of LV volume overload.

Database: CINAHL

9. Role of Heart Failure and Infectious Etiology in Infective Endocarditis With New-Onset Atrial Fibrillation.

Source: American Journal of Cardiology; Mar 2016; vol. 117 (no. 6); p. 1028-1028

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.amjcard.2015.12.019>

ISSN: 00029149

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 116489116

Author(s): Vallabhajosyula, Saraschandra; DeSimone, Daniel C; Anavekar, Nandan S

Available in full text at [American Journal of Cardiology, The](#) - from ProQuest

Subject Terms: Endocarditis, Bacterial Complications; Heart Failure Etiology; Atrial Fibrillation Complications; Male; Female; Male; Female

Database: CINAHL

10. Atrial Fibrillation in Infective Endocarditis.

Source: American Journal of Cardiology; Mar 2016; vol. 117 (no. 6); p. 1029-1030

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.amjcard.2015.12.044>

ISSN: 00029149

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 116489125

Author(s): Biteker, Murat; Bolat, İsmail; Biteker, Funda Sungur

Available in full text at [American Journal of Cardiology, The](#) - from ProQuest

Subject Terms: Atrial Fibrillation Complications; Endocarditis, Bacterial Complications; Heart Failure Etiology; Female; Male; Female; Male

Database: CINAHL

11. The infected heart: ventriculoseptal abscess and intracardiac fistulization.

Source: American Journal of Emergency Medicine; Mar 2016; vol. 34 (no. 3); p. 678.e1

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.ajem.2015.06.053>

ISSN: 07356757

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 114244032

Author(s): Habeeb, Keith; Stankewicz, Holly; Axelband, Jennifer; Melanson, Scott

Available in full text at [American Journal of Emergency Medicine, The](#) - from ProQuest

Abstract: Infective endocarditis is a rare but potentially deadly infection of the endocardial layer, which can involve the valves of the heart among other structures. The extraordinarily rare complication seen in this case involves extensive damage manifesting in an aortic root abscess resulting in an abnormal communication between the aorta and the atrium known as an aortocavitary fistula (Eur Heart J 2005;26:288-297; Pediatr Cardiol 2011;32:1057-1059; J Am Coll Cardiol 1991;18:663-667). As the disease progresses, wading through the complex symptoms, which may seem unrelated, represents a key challenge in diagnosis. This case describes both early and late findings of endocarditis and highlights a rare complication in which rapid diagnosis and early surgical intervention before the development of hemodynamic sequelae are paramount. In this case, infective endocarditis, a great masquerader in this case, provided a challenging diagnostic situation, a very rare complication, and commonalities of disease characteristics that health care provider should appreciate.

Database: CINAHL

12. Infective Endocarditis.

Source: Journal of Intensive Care Medicine (Sage Publications Inc.); Mar 2016; vol. 31 (no. 3); p. 151-163

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1177/0885066614554906>

ISSN: 08850666

Place of Publication: Thousand Oaks, California

Publisher: Sage Publications Inc.

Accession Number: 112802218

Author(s): Klein, Michael; Wang, Andrew

Database: CINAHL

13. Endovascular Therapy for Infectious Intracranial Aneurysm: A Report of Four Cases.

Source: Journal of Stroke & Cerebrovascular Diseases; Mar 2016; vol. 25 (no. 3)

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jstrokecerebrovasdis.2015.11.033>

ISSN: 10523057

Place of Publication: Philadelphia, Pennsylvania

Publisher: W B Saunders

Accession Number: 113450358

Author(s): Nonaka, Senshu; Oishi, Hidenori; Tsutsumi, Satoshi; Teranishi, Kohsuke; Tanoue, Shunsuke; Yasumoto, Yukimasa; Yamamoto, Munetaka; Arai, Hajime

Abstract:Background: Infectious intracranial aneurysms (IIAs) are rare but can cause substantial morbidity and mortality. We aimed to re-evaluate the role of endovascular therapy for the treatment of IIAs.Methods: This study is a retrospective review of patients diagnosed with IIAs and treated by endovascular therapy in our institutions over the past 13 years.Results: Four patients were diagnosed with infectious endocarditis with a total of 5 IIAs. Three of the 4 patients had ruptured IIAs. Two presented with intracerebral hemorrhage, one with subarachnoid hemorrhage, and one with cerebral infarction. The distal middle cerebral artery (MCA) was the most common site, followed by the distal segment of the posterior cerebral artery. Three patients were treated by parent artery occlusion and one by direct aneurysm obliteration. There were no periprocedural complications. One IIA treated by direct aneurysm occlusion was recanalized within 1 year and required a second embolization. Outcomes were measured by the modified Rankin Scale on discharge: 2 patients scored 0, 1 patient scored 1, and 1 patient scored 3.Conclusion: IIAs located deep in the brain or on the peripheral MCA can be safely treated with endovascular therapy even when they are lying in the eloquent cortex.

Database: CINAHL

14. Sudden infant death due to Lactococcal infective endocarditis.

Source: Legal Medicine; Mar 2016; vol. 19 ; p. 107-111

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.legalmed.2015.07.013>

ISSN: 13446223

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113729348

Author(s): Taniguchi, K.; Nakayama, M.; Nakahira, K.; Nakura, Y.; Kanagawa, N.; Yanagihara, I.; Miyaishi, S.

Subject Terms: Endocarditis In Infancy and Childhood; Sudden Infant Death; Autopsy; Cause of Death; Endocarditis Prevention and Control; Infant; Streptococcal Infections; Infant: 1-23 months

Database: CINAHL

15. Incidence and Predictors of Infective Endocarditis in Mitral Valve Prolapse: A Population-Based Study.

Source: Mayo Clinic Proceedings; Mar 2016; vol. 91 (no. 3); p. 336-342

Publication Date: Mar 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.mayocp.2015.12.006>

ISSN: 00256196

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 116653995

Author(s): Katan, Ognjen; Michelena, Hector I; Avierinos, Jean-Francois; Mahoney, Douglas W; DeSimone, Daniel C; Baddour, Larry M; Suri, Rakesh M; Enriquez-Sarano, Maurice

Available in full text at [Mayo Clinic Proceedings](#) - from ProQuest

Subject Terms: Mitral Valve Prolapse Microbiology; Mitral Valve Prolapse Complications; Endocarditis Etiology; Population Surveillance; Endocarditis Microbiology; Adult; Aged; Middle Age; Retrospective Design; Endocarditis Epidemiology; Prospective Studies; Male; Mitral Valve Prolapse Epidemiology; Minnesota; Human; Risk Factors; Female; Echocardiography; Incidence; Validation Studies; Comparative Studies; Evaluation Research; Multicenter Studies; Questionnaires; Adult: 19-44 years; Aged: 65+ years; Middle Aged: 45-64 years; Male; Female

Abstract:Objective: To determine the incidence and predictors of infective endocarditis (IE) in a population-based cohort of patients with mitral valve prolapse (MVP).Patients and Methods: We identified all adult Olmsted County residents with MVP diagnosed by echocardiography from January 1989 to December 1998 and cross-matched them with the Rochester Epidemiology Project-identified Olmsted County cases of IE from January 1, 1986, through December 31, 2006. We retrospectively analyzed and de novo confirmed each IE case using the modified Duke criteria.Results: There were 896 Olmsted County residents with echocardiographically diagnosed MVP (mean age, 53±21 years; 565 women [63%]). The mean follow-up period was 11±5 years. The 15-year cohort risk of IE after MVP diagnosis was 1.1%±0.4% (incidence, 86.6 cases per 100,000 person-years; 95% CI, 43.3-173.2 cases per 100,000 person-years); thus, the age- and sex-adjusted relative risk of IE in patients with MVP was 8.1 (95% CI, 3.6-18.0) in comparison to the general population of Olmsted County (P<.001). There were no IE cases in patients without previously diagnosed mitral regurgitation (MR). Conversely, IE incidence was higher in patients with MVP with moderate, moderate-severe, or severe MR (289.5 cases per 100,000 person-years; 95% CI, 108.7-771.2 cases per 100,000 person-years; P=.02 compared with trivial, mild, or mild-moderate MR) and in patients with a flail mitral leaflet (715.5 cases per 100,000 person-years; 95% CI, 178.9-2861.0 cases per 100,000 person-years; P=.02 compared with no flail mitral leaflet).Conclusion: The population-based incidence of IE in adults with MVP is higher than those previously reported in case-control, tertiary care center studies. Patients with MVP and moderate, moderate-severe, or severe MR or a flail mitral leaflet are at a notable risk of developing IE in comparison with those without MR.

Database: CINAHL

16. Infective endocarditis.

Source: Lancet; Feb 2016; vol. 387 (no. 10021); p. 882-893

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0140-6736\(15\)00067-7](http://doi.org/10.1016/S0140-6736(15)00067-7)

ISSN: 00995355

Place of Publication: Philadelphia, Pennsylvania

Publisher: Lancet

Accession Number: 113365689

Author(s): Cahill, Thomas J.; Prendergast, Bernard D.

Subject Terms: Endocarditis Diagnosis; Endocarditis Epidemiology; Endocarditis Physiopathology; Endocarditis Therapy; Endocarditis Microbiology; Echocardiography; Prognosis; Female; Aged, 80 and Over; Aged; Middle Age; Adult; Male; Scales; Aged, 80 & over; Aged: 65+ years; Middle Aged: 45-64 years; Adult: 19-44 years; Female; Male

Abstract: Infective endocarditis occurs worldwide, and is defined by infection of a native or prosthetic heart valve, the endocardial surface, or an indwelling cardiac device. The causes and epidemiology of the disease have evolved in recent decades with a doubling of the average patient age and an increased prevalence in patients with indwelling cardiac devices. The microbiology of the disease has also changed, and staphylococci, most often associated with health-care contact and invasive procedures, have overtaken streptococci as the most common cause of the disease. Although novel diagnostic and therapeutic strategies have emerged, 1 year mortality has not improved and remains at 30%, which is worse than for many cancers. Logistical barriers and an absence of randomised trials hinder clinical management, and longstanding controversies such as use of antibiotic prophylaxis remain unresolved. In this Seminar, we discuss clinical practice, controversies, and strategies needed to target this potentially devastating disease.

Database: CINAHL

17. Usefulness of New-Onset Atrial Fibrillation, as a Strong Predictor of Heart Failure and Death in Patients With Native Left-Sided Infective Endocarditis.

Source: American Journal of Cardiology; Feb 2016; vol. 117 (no. 3); p. 427-433

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.amjcard.2015.11.012>

ISSN: 00029149

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 115369328

Author(s): Ferrera, Carlos; Vilacosta, Isidre; Fernández, Cristina; López, Javier; Sarriá, Cristina; Olmos, Carmen; Vivas, David; Sáez, Carmen; Sánchez-Enrique, Cristina; Ortiz-Bautista, Carlos; San Román, José Alberto

Available in full text at [American Journal of Cardiology, The](#) - from ProQuest

Subject Terms: Atrial Fibrillation Complications; Endocarditis, Bacterial Complications; Heart Failure Etiology; Endocarditis, Bacterial Diagnosis; Prospective Studies; Atrial Fibrillation Diagnosis; Prognosis; Hospital Mortality Trends; Female; Middle Age; Heart Failure Diagnosis; Spain; Heart Failure Mortality; Atrial Fibrillation Mortality; Endocarditis, Bacterial Mortality; Human; Aged; Survival Trends; Male; Echocardiography, Transesophageal; Validation Studies; Comparative Studies; Evaluation Research; Multicenter Studies; Scales; Middle Aged: 45-64 years; Aged: 65+ years; Female; Male

Abstract: Atrial fibrillation (AF) is the most common cardiac arrhythmia in adults and has been independently related to increased morbidity and mortality. AF is a frequent arrhythmia in infective endocarditis (IE). Nevertheless, there are no data on how AF affects the clinical outcome of patients with endocarditis. Our purpose was to investigate patient characteristics, microbiology, echocardiographic findings, in-hospital course, and prognosis of patients with IE who develop new-onset AF (NAF) and compare them with those who remained in sinus rhythm (SR) or had previous AF (PAF). From 1997 to 2014, 507 consecutive patients with native left-sided IE were prospectively recruited at 3 tertiary care centers. We distinguished 3 groups according to the type of baseline heart rhythm during hospitalization and previous history of AF: NAF group (n = 52), patients with no previous history of AF and who were diagnosed as having NAF during hospitalization; SR group (n = 380), patients who remained in SR; and PAF group (n = 75), patients with PAF. Patients with NAF were older than those who remained in SR (68.3 vs 59.6 years, p <0.001). At admission, heart failure was more common in NAF group (53% vs 34.3%, p <0.001), whereas stroke (p = 0.427) was equally

frequent in all groups. During hospitalization, embolic events occurred similarly ($p = 0.411$). In the multivariate analysis, NAF was independently associated with heart failure (odds ratio 3.56, $p < 0.01$) and mortality (odds ratio 1.91, $p = 0.04$). In conclusion, the occurrence of NAF in patients with IE was strongly associated with heart failure and higher in-hospital mortality independently from other relevant clinical variables.

Database: CINAHL

18. Man With Acute Respiratory Distress. Tricuspid vegetation concerning for infective endocarditis.

Source: Annals of Emergency Medicine; Feb 2016; vol. 67 (no. 2); p. 295,300

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.annemergmed.2015.05.007>

ISSN: 01960644

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 112366635

Author(s): Scott, Clare

Subject Terms: Respiratory Distress Syndrome, Acute Diagnosis; Endocarditis Diagnosis; Streptococcal Infections Diagnosis; Tricuspid Valve Microbiology; Male; Electrocardiography; Streptococcal Infections Microbiology; Comorbidity; Echocardiography; Endocarditis Microbiology; Middle Age; Radiography, Thoracic; Viridans Streptococci; Diagnosis, Differential; Middle Aged: 45-64 years; Male

Database: CINAHL

19. Endocarditis caused by Streptococcus canis: an emerging zoonosis?

Source: Infection; Feb 2016; vol. 44 (no. 1); p. 111-114

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1007/s15010-015-0809-3>

ISSN: 03008126

Place of Publication: , <Blank>

Publisher: Springer Science & Business Media B.V.

Accession Number: 112693948

Author(s): Lacave, Guillaume; Coutard, Aymeric; Troché, Gilles; Augusto, Sandrine; Pons, Stéphanie; Zuber, Benjamin; Laurent, Virginie; Amara, Marlène; Couzon, Brigitte; Bédos, Jean-Pierre; Pangon, Béatrice; Grimaldi, David

Database: CINAHL

20. Surgical and Medical Management of Isolated Tricuspid Valve Infective Endocarditis in Intravenous Drug Users.

Source: Journal of Cardiac Surgery; Feb 2016; vol. 31 (no. 2); p. 83-88

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1111/jocs.12682>

ISSN: 08860440

Place of Publication: Malden, Massachusetts

Publisher: Wiley-Blackwell

Accession Number: 112455805

Author(s): Shetty, Nabha; Nagpal, Dave; Koivu, Sharon; Mrkobrada, Marko

Abstract:Background: Tricuspid valve (TV) infective endocarditis (IE) is a known complication of intravenous drug use (IVDU). This study assessed long-term outcomes of surgically and medically treated cases of TV IE. Methods: This was a retrospective cohort study of all cases of native TV IE treated in London, Ontario between 2008 and 2011. Outcomes for medically and surgically managed cases were assessed at two years. Outcomes related to the timing of surgery were also assessed. Results: Thirty-eight patients were included; seven received valve surgery: five repairs, two replacements. All patients had a history of IVDU. Baseline characteristics were equal in both groups. Death at two years was 43% in the surgical group and 26% in the nonsurgical group ($p = 0.522$). In those who received surgery within 30 days versus after 30 days from admission, death was 33% and 50%, respectively ($p = 1.00$). No patients received emergent surgery (within seven days of admission). Twenty-nine percent of the surgical group survived disease free versus 52% of the nonsurgical group. Survival with morbidity was mainly related to ongoing IVDU. The highest risk for mortality in both groups was ongoing IVDU. Conclusions: In IVDU-related TV IE the highest risk for mortality appears to be ongoing IVDU and persistent or recurrent endocarditis.

Database: CINAHL

21. Kingella kingae Sequence Type 25 Causing Endocarditis with Multiple and Severe Cerebral Complications.

Source: Journal of Pediatrics; Feb 2016; vol. 169 ; p. 326-326

Publication Date: Feb 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jpeds.2015.10.091>

ISSN: 00223476

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 112240094

Author(s): Le Bourgeois, Fleur; Germanaud, David; Bendavid, Matthieu; Bonnefoy, Ronan; Desnous, Béatrice; Beyler, Constance; Blauwblomme, Thomas; Elmaleh, Monique; Pierron, Charlotte; Lorrot, Mathie; Bonacorsi, Stéphane; Basmaci, Romain

Subject Terms: Gram-Negative Aerobic Bacteria; Gram-Negative Bacterial Infections Microbiology; Bacteremia Microbiology; Endocarditis, Bacterial Microbiology; Bacteremia Drug Therapy; Amoxicillin Therapeutic Use; Endocarditis, Bacterial Diagnosis; Drug Combinations; Cerebrospinal Fluid Microbiology; Magnetic Resonance Imaging; Gram-Negative Bacterial Infections Diagnosis; Tomography, X-Ray Computed; Antibiotics Therapeutic Use; Female; Bacteremia Diagnosis; Endocarditis, Bacterial Drug Therapy; Ciprofloxacin Therapeutic Use; Infant; Gram-Negative Bacterial Infections Drug Therapy; Infant: 1-23 months; Female

Database: CINAHL

22. Quadricuspid Aortic Valve: Characteristics, Associated Structural Cardiovascular Abnormalities, and Clinical Outcomes.

Source: Circulation; Jan 2016; vol. 133 (no. 3); p. 312-319

Publication Date: Jan 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1161/CIRCULATIONAHA.115.017743>

ISSN: 00097322

Place of Publication: Baltimore, Maryland

Publisher: Lippincott Williams & Wilkins

Accession Number: 112542058

Author(s): Tsang, Michael Y. C.; Abudiab, Muaz M.; Ammash, Naser M.; Naqvi, Tasneem Z.; Edwards, William D.; Nkomo, Vuyisile T.; Pellikka, Patricia A.

Available in full text at [Circulation](#) - from Ovid

Available in full text at [Circulation](#) - from Highwire Press

Subject Terms: Cardiovascular Abnormalities Ultrasonography; Aortic Valve Ultrasonography; Aortic Valve Abnormalities; Prospective Studies; Treatment Outcomes; Young Adult; Middle Age; Male; Infant; Female; Adolescence; Aged; Aged, 80 and Over; Child, Preschool; Infant, Newborn; Adult; Child; Scales; Middle Aged: 45-64 years; Infant: 1-23 months; Adolescent: 13-18 years; Aged: 65+ years; Aged, 80 & over; Child, Preschool: 2-5 years; Infant, Newborn: birth-1 month; Adult: 19-44 years; Child: 6-12 years; Male; Female

Abstract:Background: Quadricuspid aortic valve (QAV) is a rare congenital cardiac defect. This study sought to determine QAV frequency in a large echocardiography database, to characterize associated cardiovascular abnormalities, and to describe long-term outcomes. Methods and Results: Fifty patients (mean \pm SD age, 43.5 ± 21.8 years at the time of the index diagnosis; female sex, 52%) received a diagnosis of QAV between January 1, 1975, and March 14, 2014 (frequency, 0.006%). The QAV was type A in 32% and type B in 32% (Hurwitz and Roberts classification). Aortic dilatation was present in 29% of the patients, and 26% had moderate or severe aortic valve regurgitation at the index diagnosis. Stenosis affected only 8% of the valves and was mild. Other findings, including abnormalities of other cardiac valves, septal defects, persistent left superior vena cava, and patent ductus arteriosus, were present in 32% of patients. During a mean \pm SD follow-up of 4.8 ± 5.6 years, 8 patients underwent aortic valve surgery, with severe aortic valve regurgitation being the surgical indication in 7 patients. One patient with mild to moderate aortic valve regurgitation underwent aortic valve repair for obstruction of the left coronary ostium by the accessory cusp of QAV. No infective endocarditis or aortic dissection was found. Overall survival was 91.5% and 87.7% at 5 and 10 years. Conclusions: Aortic dilatation and other structural cardiac abnormalities were relatively common among patients with QAV. Aortic valve regurgitation was the predominant hemodynamic abnormality and the indication for aortic valve surgery in most patients who received surgery. Long-term survival was excellent.

Database: CINAHL

23. Systematic Search for Present and Potential Portals of Entry for Infective Endocarditis.

Source: Journal of the American College of Cardiology (JACC); Jan 2016; vol. 67 (no. 2); p. 151-158

Publication Date: Jan 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jacc.2015.10.065>

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 117038115

Author(s): Delahaye, François; M'Hammedi, Ali; Guerpillon, Brice; de Gevigney, Guy; Boibieux, André; Dauwalder, Olivier; Bouchiat, Coralie; Vandenesch, François; M'Hammedi, Ali

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Subject Terms: Endocarditis Etiology; Stomatognathic Diseases Epidemiology; Gastrointestinal Diseases Diagnosis; Endocarditis Epidemiology; Bacteria Classification; Gastrointestinal Diseases Complications; Endocarditis Diagnosis; Skin Diseases, Infectious Complications; Endocarditis Microbiology; Bacteria; Skin Diseases, Infectious Epidemiology; Stomatognathic Diseases Diagnosis; Gastrointestinal Diseases Epidemiology; Stomatognathic Diseases Complications; Skin Diseases, Infectious Diagnosis; Dental Care Methods; Colonoscopy Methods; Hospitalization Statistics and Numerical Data; Aged; Female; Health Status Indicators; France; Preventive Health Care Methods; Risk Assessment Methods; Preventive Health Care Administration; Middle Age; Male; Impact of Events Scale; Aged: 65+ years; Middle Aged: 45-64 years; Female; Male

Abstract:Background: Looking for and treating the portal of entry (POE) of infective endocarditis (IE) is important, but published research on this topic is nonexistent.Objectives: The goal of this study was to systematically search for the POEs of present and potentially new episodes of IEs.Methods: Patients were systematically seen by a stomatologist, an ear, nose, and throat specialist, and a urologist; women were systematically seen by a gynecologist; patients were seen by a dermatologist when there were cutaneous and/or mucous lesions. Colonoscopy and gastroscopy were performed if the microorganism came from the gastrointestinal tract in patients ≥ 50 years of age and in those with familial histories of colonic polyposis. Treatment of the POE was systematically considered.Results: The POEs of the present IE episodes were identified in 74% of the 318 included patients. The most frequent POE was cutaneous (40% of identified POEs). It was mainly (62% of cutaneous POEs) associated with health care and with intravenous drug use. The second most frequent POE was oral or dental (29%). A dental infectious focus was more often involved (59% of oral or dental POEs) than a dental procedure (12%). POEs were gastrointestinal in 23% of patients. Colonic polyps were found in one-half of the patients and colorectal adenocarcinomas in 14%. Performance was good regarding the search for an oral or dental or a colonic potential POE, which were found in 53% and 40% of patients, respectively.Conclusions: Our search for the POEs of present IEs was often successful, as was searching for an oral or dental or a gastrointestinal POE of a new IE episode. We advise the systematic performance of stomatologic examinations in patients with IE and performance of colonoscopy in patients ≥ 50 years of age or at high risk for colorectal cancer.

Database: CINAHL

24. When the Cat's Out of the Bag: Searching for Portals of Entry in Infective Endocarditis.

Source: Journal of the American College of Cardiology (JACC); Jan 2016; vol. 67 (no. 2); p. 159-161

Publication Date: Jan 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jacc.2015.10.066>

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 117038114

Author(s): Chu, Vivian H.

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Subject Terms: Endocarditis; Stomatognathic Diseases; Skin Diseases, Infectious; Bacteria; Gastrointestinal Diseases; Female; Male; Female; Male

Database: CINAHL

25. Efficacy and Safety of Long-Acting Reversible Contraception in Women With Cardiovascular Conditions.

Source: American Journal of Cardiology; Jan 2016; vol. 117 (no. 2); p. 302-304

Publication Date: Jan 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.amjcard.2015.10.026>

ISSN: 00029149

Place of Publication: Philadelphia, Pennsylvania

Publisher: Elsevier Inc.

Accession Number: 115356880

Author(s): Vu, Quyen; Micks, Elizabeth; McCoy, Erin; Prager, Sarah

Available in full text at [American Journal of Cardiology, The](#) - from ProQuest

Subject Terms: Counseling; Cardiovascular Diseases Physiopathology; Contraception Methods; Contraceptive Agents Administration and Dosage; Adolescence; Adult; Young Adult; Cardiovascular Diseases Diagnosis; Drug Implants; Retrospective Design; Aged; Middle Age; Female; Pregnancy; Adolescent: 13-18 years; Adult: 19-44 years; Aged: 65+ years; Middle Aged: 45-64 years; Female

Abstract: The physiological changes that occur during pregnancy can be deleterious to women with a cardiovascular condition. Evidence-based contraceptive counseling and provision is essential in this patient population. Although long-acting reversible contraception (LARCs), which include the intrauterine device (IUD) and the etonogestrel contraceptive implant, have been found to be safe and effective in healthy women, there are inadequate data regarding LARC use in patients with cardiovascular conditions. We conducted a retrospective chart review of women diagnosed with cardiovascular disease who had a copper IUD, levonorgestrel-releasing intrauterine system or contraceptive implant placed at the University of Washington Medical Center from 2007 to 2012. We abstracted and analyzed patient demographic characteristics, medical conditions, indications for LARC placement, and complications. The sample included 470 women with cardiovascular conditions. The mean age was 34.6 years. One hundred twenty-four patients (26.11%) were nulligravid and 169 patients (35.58%) were nulliparous. Four hundred ten chose the levonorgestrel-releasing intrauterine system (87.23%), 33 patients (7.02%) opted for the copper IUD, and 23 patients (4.89%) chose the etonogestrel implant. Eighteen patients (3.83%) had a confirmed IUD expulsion, 2 patients (0.43%) became pregnant, and there were 4 cases of pelvic inflammatory disease (0.85%). There were no cases of perforation. There were no confirmed cases of infective endocarditis associated with LARC insertion. In conclusion, LARC devices appear safe with few complications for women with cardiovascular conditions. Clinicians can be reassured that LARC may be offered as an appropriate option when counseling women with cardiovascular disease on safe contraceptive methods.

Database: CINAHL

26. Catastrophic Intracranial Hemorrhages after IV tPA in a Patient with Insidious Onset of Fever and Back Pain.

Source: Journal of Stroke & Cerebrovascular Diseases; May 2016; vol. 25 (no. 5)

Publication Date: May 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.jstrokecerebrovasdis.2015.12.004>

ISSN: 10523057

Place of Publication: Philadelphia, Pennsylvania

Publisher: W B Saunders

Accession Number: 114628303

Author(s): Tversky, Steven; Libman, Richard B.; Schloss, Evan R.; Arora, Rohan; Patel, Anand V.; Salamon, Elliot J.; Wright, Paul; Katz, Jeffrey M.

Abstract: Infective endocarditis is associated with unstable infective vegetations, which have a propensity to embolize and cause embolic events, such as stroke. Many cases present with an embolic event as the first sign of infective endocarditis. We present a patient who had a history of recent and persistent fever, an acute ischemic stroke treated with intravenous tissue plasminogen activator (IV tPA), and severe, multifocal intracerebral hemorrhage as a complication of tPA treatment. Suspected infective endocarditis in a stroke patient should most likely be considered a contraindication to IV tPA.

Database: CINAHL

27. Fact or Artifact in Two-Dimensional Echocardiography: Avoiding Misdiagnosis and Missed Diagnosis.

Source: Journal of the American Society of Echocardiography; May 2016; vol. 29 (no. 5); p. 381-391

Publication Date: May 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1016/j.echo.2016.01.009>

ISSN: 08947317

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 115174400

Author(s): Bertrand, Philippe B; Levine, Robert A; Isselbacher, Eric M; Vandervoort, Pieter M

Abstract: Two-dimensional transthoracic echocardiography is the most widely used noninvasive imaging modality for the evaluation and diagnosis of cardiac pathology. However, because of the physical properties of ultrasound waves and specifics in ultrasound image reconstruction, cardiologists are often confronted with ultrasound image artifacts. It is particularly important to recognize such artifacts in order to avoid misdiagnosis of conditions ranging from aortic dissection to thrombosis and endocarditis. This overview article summarizes the most common image artifacts encountered in routine clinical practice, along with explanations of their physical mechanisms and guidance in avoiding their misinterpretation.

Database: CINAHL

28. RISK FACTORS FOR INFECTIVE ENDOCARDITIS IN SURGICAL PATIENTS WITH BICUSPID AORTIC VALVE DISEASE.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 967-967

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)30968-8](http://doi.org/10.1016/S0735-1097(16)30968-8)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725598

Author(s): Schafer, Dillon; Taylor, Alexander; Andrei, Adin-Cristian; Li, Zhi; Clennon, Colleen; Nakano, Jota; McCarthy, Patrick; Malaisrie, S. Chris; Puthumana, Jyothy

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

29. WHEN GUIDELINES FAIL, A CASE STUDY IN INFECTIVE ENDOCARDITIS AND PERIMEMBRANOUS VENTRAL SEPTAL DEFECT.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1016-1016

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31017-8](http://doi.org/10.1016/S0735-1097(16)31017-8)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113724478

Author(s): Nayyar, Mannu; King, Bryan; Garg, Nadish

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

30. DIAGNOSIS OF PULMONIC VALVE INFECTIVE ENDOCARDITIS WITH THE USE OF POSITRON EMISSION TOMOGRAPHY-COMPUTED TOMOGRAPHY SCAN.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1031-1031

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31032-4](http://doi.org/10.1016/S0735-1097(16)31032-4)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725694

Author(s): Bazemore, Taylor; Zietlow, Kahli; Parikh, Kishan

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

31. EMBOLIC CORONARY OCCLUSION CAUSED BY CULTURE NEGATIVE ENDOCARDITIS: DOCUMENTED BY PRE AND POST ANGIOGRAPHY.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1033-1033

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31034-8](http://doi.org/10.1016/S0735-1097(16)31034-8)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725354

Author(s): Singh, Devinder; Mathew, Aswin; Anusionwu, Obiora; Silverman, Benjamin; Ledley, Gary

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

32. RIGHT VENTRICULAR ENDOCARDIECTOMY FOR LOEFFLER'S ENDOCARDITIS PRESENTING AS CARDIOGENIC SHOCK.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1066-1066

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31067-1](http://doi.org/10.1016/S0735-1097(16)31067-1)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113726020

Author(s): Katz, Jonathan Seth; Garcia, Mario; Goldstein, Daniel; Murthy, Sandhya; Sobolev, Maria

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

33. OF LIFE OR LIMB: THE ROLE OF ANTICOAGULATION IN NATIVE VALVE INFECTIVE ENDOCARDITIS.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1091-1091

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31092-0](http://doi.org/10.1016/S0735-1097(16)31092-0)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725362

Author(s): Wu, Robby; Galin, Ira

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

34. PROPIONIBACTERIUM ACNES PROSTHETIC VALVE ENDOCARDITIS.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1093-1093

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31094-4](http://doi.org/10.1016/S0735-1097(16)31094-4)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113726382

Author(s): Patel, Pratik; Brough, Kevin; Thompson, Rodney

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

35. NON-BACTERIAL THROMBOTIC ENDOCARDITIS IN A PATIENT WITH PRIMARY ANTIPHOSPHOLIPID SYNDROME.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1110-1110

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31111-1](http://doi.org/10.1016/S0735-1097(16)31111-1)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725990

Author(s): Patnaik, Soumya; Fernandez, Gustavo; Aliling, Jose-Nitram; Rubin, Alexander

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

36. AN UNUSUALLY RARE CASE OF DISSEMINATED MUCORMYCOSIS ENDOCARDITIS PRESENTING AS ACUTE BILATERAL LOWER EXTREMITY ISCHEMIA.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1119-1119

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31120-2](http://doi.org/10.1016/S0735-1097(16)31120-2)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113724654

Author(s): Rajagopalan, Priya; Tachamo, Niranjan; Pathak, Ranjan; Hingorani, Rittu

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

37. AN UNPRECEDENTED CASE OF LATE BACTERIAL ENDOCARDITIS INVOLVING THE HELEX SEPTAL OCCLUDER DEVICE.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1126-1126

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31127-5](http://doi.org/10.1016/S0735-1097(16)31127-5)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725512

Author(s): Thiagaraj, Ashwin; Bloomingdale, Richard; Herrmann, Kimberly; Cardozo, Shaun; Afonso, Luis

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

38. LIBMAN SACKS ENDOCARDITIS: A PRESENTATION WITH CRITICAL LIMB ISCHEMIA.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1129-1129

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31130-5](http://doi.org/10.1016/S0735-1097(16)31130-5)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113724853

Author(s): Robinson, Eric; Khalpey, Zain; Janardhanan, Rajesh

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

39. UTILIZING FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY IN MANAGEMENT OF PROSTHETIC VALVE INFECTIVE ENDOCARDITIS.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1182-1182

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31183-4](http://doi.org/10.1016/S0735-1097(16)31183-4)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725178

Author(s): Mehta, Devin; Mueller, Chris

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

40. IS IT LIBMAN-SACKS ENDOCARDITIS?

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1193-1193

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31194-9](http://doi.org/10.1016/S0735-1097(16)31194-9)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725825

Author(s): Azeem, Amir; Alexander-Nickens, Myrna E.; Majithia, Vikas; Hall, Michael

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

41. INFECTIVE ENDOCARDITIS PRESENTING WITH ST SEGMENT ELEVATION MYOCARDIAL INFARCTION.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1214-1214

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31215-3](http://doi.org/10.1016/S0735-1097(16)31215-3)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113724855

Author(s): Elkhashab, Mohamed; Vij, Aviral; Abuzaid, Ahmed; Iskander, Mina; Al-Amoodi, Mohammed; Stroger, John H.

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

42. YIELD OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY TO DETECT INVASIVE COMPLICATIONS OF AORTIC PROSTHETIC VALVE ENDOCARDITIS.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1648-1648

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31649-7](http://doi.org/10.1016/S0735-1097(16)31649-7)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113726750

Author(s): Cremer, Paul; Eltelbany, Ahmed; Shrestha, Nabin; Hussain, Syed; Jaber, Wael; Rodriguez, L. Leonardo; Gordon, Steve; Griffin, Brian; Pettersson, Gosta; Menon, Venu

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

43. THE CLINICAL UTILITY OF 18F-FDG POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY SCAN VERSUS 99MTC-HMPAO WHITE BLOOD CELL SINGLE-PHOTON EMISSION COMPUTERIZED TOMOGRAPHY IN THE EXTRA-CARDIAC WORK-UP OF PATIENTS WITH DUKE DEFINITE INFECTIVE ENDOCARDITIS.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 1815-1815

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)31816-2](http://doi.org/10.1016/S0735-1097(16)31816-2)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725591

Author(s): Lauridsen, Trine K.; Iversen, Kasper; Ihlemann, Nikolaj; Hasbak, Philip; Jakobsen, Annika Loft; Berthelsen, Anne Kiil; Dahl, Anders; Dejanovic, Danijela; Albrecht-Beste, Elisabeth; Mortensen, Jann; Kjaer, Andreas; Bundgaard, Henning; Bruun, Niels Eske

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

44. IMPACT OF THE AMERICAN HEART ASSOCIATION'S 2007 GUIDELINES ON THE PRACTICE OF DENTAL PROPHYLAXIS FOR THE PREVENTION OF INFECTIVE ENDOCARDITIS IN HIGH RISK PATIENTS: OLMSTED COUNTY, MINNESOTA.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 2182-2182

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)32183-0](http://doi.org/10.1016/S0735-1097(16)32183-0)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725113

Author(s): DeSimone, Daniel Christopher; El Rafei, Abdelghani; Challener, Douglass W.; Carr, Alan B.; Kelly, James A.; Sauver, Jennifer L. St.; Lahr, Brian; Steckelberg, James; Wilson, Walter; Baddour, Larry

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

45. NO ASSOCIATED RISK OF INFECTIOUS ENDOCARDITIS WITH ROUTINE DENTAL CARE.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 2183-2183

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)32184-2](http://doi.org/10.1016/S0735-1097(16)32184-2)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725999

Author(s): Fosbøl, Emil; Dahl, Anders; Ihlemann, Nikolaj; Bruun, Louise; Kober, Lars; Bundgaard, Henning; Fanø, Søren; Lauridsen, Trine; Gislason, Gunnar; Torp-Pedersen, Christian

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

46. FIVE-YEAR MORTALITY OF INFECTIVE ENDOCARDITIS IN A POPULATION-BASED COHORT.

Source: Journal of the American College of Cardiology (JACC); Apr 2016; vol. 67 (no. 13S); p. 2184-2184

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: [http://doi.org/10.1016/S0735-1097\(16\)32185-4](http://doi.org/10.1016/S0735-1097(16)32185-4)

ISSN: 07351097

Place of Publication: New York, New York

Publisher: Elsevier Science

Accession Number: 113725688

Author(s): DeSimone, Daniel Christopher; El Rafei, Abdelghani; Steckelberg, James; Sohail, Muhammad; Wilson, Walter; Baddour, Larry

Available in full text at [Journal of the American College of Cardiology](#) - from ProQuest

Database: CINAHL

47. Infective endocarditis caused by *Klebsiella oxytoca* in an intravenous drug user with cancer.

Source: Baylor University Medical Center Proceedings; Apr 2016; vol. 29 (no. 2); p. 181-182

Publication Date: Apr 2016

Publication Type(s): Academic Journal

ISSN: 08998280

Place of Publication: Dallas, Texas

Publisher: Baylor University Medical Center

Accession Number: 113828140

Author(s): Mohamed, Ashref; Hall, Connor; Hatch, Michael; Ayan, Mohamed; Winn, Richard

Available in full text at [Baylor University Medical Center. Proceedings](#) - from ProQuest

Available in full text at [Proceedings](#) - from National Library of Medicine

Database: CINAHL

48. Triple-valve infective endocarditis.

Source: British Journal of Cardiology; Apr 2016; vol. 23 (no. 2); p. 65-67

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.5837/bjc.2016.015>

ISSN: 09696113

Publisher: MediNews (Cardiology) Ltd.

Accession Number: 116782398

Author(s): Sheikh, Azeem S.; Sattar, Asma Abdul; Williams, Claire

Database: CINAHL

49. Periodic Protrusion of Right Coronary Cusp into Left Ventricular Outflow Tract Due to Detachment from the Aortic Annulus Complicated with Infective Endocarditis.

Source: Echocardiography; Apr 2016; vol. 33 (no. 4); p. 655-658

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1111/echo.13157>

ISSN: 07422822

Place of Publication: Malden, Massachusetts

Publisher: Wiley-Blackwell

Accession Number: 114713160

Author(s): Tokuda, Hanako; Murata, Mitsushige; Yashima, Fumiyuki; Kudo, Mikihiro; Tsuruta, Hikaru; Okamoto, Kazuma; Maekawa, Yuichiro; Sano, Motoaki; Fukushima, Hiroyuki; Shimizu, Hideyuki; Fukuda, Keiichi

Subject Terms: Endocarditis, Bacterial Diagnosis; Aortic Valve Diseases Surgery; Heart Murmurs Etiology; Male; Middle Age; Echocardiography, Transesophageal; Echocardiography, Three-Dimensional; Histological Techniques; Middle Aged: 45-64 years; Male

Database: CINAHL

50. Clinical and microbiological features of infective endocarditis caused by aerococci.

Source: Infection; Apr 2016; vol. 44 (no. 2); p. 167-173

Publication Date: Apr 2016

Publication Type(s): Academic Journal

DOI: <http://doi.org/10.1007/s15010-015-0812-8>

ISSN: 03008126

Place of Publication: , <Blank>

Publisher: Springer Science & Business Media B.V.

Accession Number: 114245998

Author(s): Sunnerhagen, Torgny; Nilson, Bo; Olaison, Lars; Rasmussen, Magnus

Database: CINAHL

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