EuroSciCon

2nd Edition of EuroSciCon Congress on

Heart Disease and Interventional Cardiology

February 25-26, 2019
Paris, France

Interv Cardiol J 2019, Volume: 5
DOI: 10.21767/2471-8157-C1-006

INFECTIVE ENDOCARDITIS AND UREMIC PERICARDITIS IN CHRONIC HEMODIALYSIS PATIENTS: TWO UNDERDIAGNOSED AND POORLY UNDERSTOOD PATHOLOGIES

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Cardiovascular disease (CVD) comprises the main cause of mortality in chronic hemodialysis (CHD). Infective endocarditis (IE) and uremic pericarditis (UP) are two complications located at the crossroads of two specialties cardiology and nephrology explaining the lack of interest of practitioners for these two pathologies because each of these practitioners thinks that the diagnostic and therapeutic care is dependent on the other's competency. 2% to 6% of patients in CHD develop IE and the incidence is 50 to 60 times higher than in the general population. The left heart is the most frequent location of IE in CHD and the different published series report a prevalence of left valve involvement varying from 80 to 100%. Valvular and perivalvular abnormalities, alteration of the immune system and bacteremia associated with repeated manipulation of the vascular access, particularly central venous catheters, comprise the main factors explaining the left heart IE in CHD patients. While left-sided IE develops in altered valves in a high-pressure system, right-sided IE on the contrary, generally develops in healthy valves in a low-pressure system. Right-sided IE is rare, with its incidence varying from 0% to 26% depending on the studies, and the tricuspid valve is the main location. The prevalence of UP has declined significantly in recent decades and is currently less than 5% in patients with End Stage Renal Disease (ESRD). The physiopathology of UP remains incompletely elucidated but uremic toxins seen to play a major role in its physiopathology. Pericardial tamponade remains a deadly and feared complication of pericarditis with accompanying pericardial effusion and the prevalence of pre-tamponade and tamponade was 10% to 35% and the reported mortality was 0% to 10%, depending on the series. Absence of specific clinical symptomatology for both IE and UP in CHD patients leads us to underestimate its real prevalence. It is for this reason that we wish to approach these two pathologies, admittedly infrequent but serious, and compromise the general prognosis of the patients especially when the diagnosis is delayed, and we will discuss during this presentation the main diagnostic, therapeutic and prognostic characteristics of these two pathologies.

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