

Let's Talk About...

Infective endocarditis

What is infective endocarditis?

Infective endocarditis is an infection of the inner lining of the heart (**endocardium** [en-doe-CAR-dee-um]) or the valves of the heart. Valves control the pathway of blood flow through different chambers of the heart, making sure it moves in the right direction.

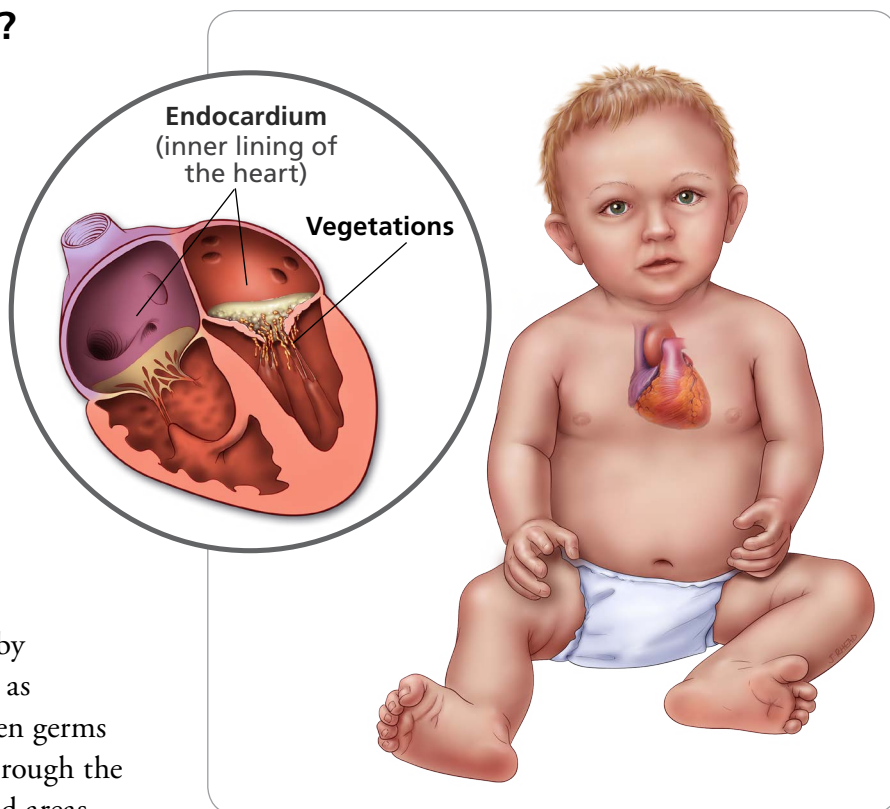
An infection can start suddenly (**acute endocarditis**) or it can start more slowly and be less severe (**subacute endocarditis**).

What causes infective endocarditis?

Infective endocarditis is most often caused by bacteria, but not always. Other germs, such as fungi, can also cause it. It usually starts when germs enter the bloodstream and begin moving through the body. The germs stick to the heart valves and areas near the valves, causing damage and leading to valve and heart failure.

Once the bacteria start sticking together, they can grow into bigger clumps that attract even more germs. These clumps are called **vegetations**. Vegetations can break apart and travel to other places in the body. This can block blood flow and set up a new home for bacteria to gather.

An untreated infection can lead to long-term heart damage, so it's important for your child to be diagnosed as early as possible.



What are the symptoms of infective endocarditis?

Common symptoms of infective endocarditis are:

- Flu-like symptoms (fever, chills, achiness, tiredness, headache, cough)
- Weight loss
- Swelling of the feet, legs, or belly
- Trouble breathing
- Nausea and vomiting
- Blood in the urine (pee)
- Skin changes, such as paleness and sores on the fingers or toes
- Tiny red spots on the skin, under the fingernails, in the whites of the eyes, and inside the mouth

How is it diagnosed?

Your child's healthcare provider will ask about your child's symptoms and health history and perform a physical exam. During the exam, your child's healthcare providers will listen for abnormal sounds in your child's heart (murmur).

Other tests may include:

- Testing your child's blood and urine
- Using sound waves to see blood moving through your child's valves and heart (echocardiogram)
- Checking the heart's rhythm (electrocardiogram)
- Performing an x-ray, which can show if there are problems in the lungs

How is it treated?

Antibiotics. Based on blood tests, the doctor will decide which antibiotics will work best to fight your child's kind of bacteria. The doctor may recommend that your child stay in the hospital for 5 to 7 days to get high doses of intravenous (IV) antibiotics. This gives the doctor time to determine if the treatment is working. Once the worst symptoms have passed, your child may be able to leave the hospital and begin receiving IV antibiotics in a doctor's office or at home. Generally, your child will be on antibiotics for several weeks to clear up the infection.

Surgery. If the infection has damaged your child's heart valves, symptoms and complications may continue. The doctor may recommend surgery to repair the affected heart valve or to treat ongoing infections. Depending on your child's situation, the doctor may recommend the placement of an artificial valve made of biological tissue (from a cow, pig, or human heart) or a mechanical valve (made from man-made materials).

Questions for my doctor

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