

Infective Endocarditis (IE) Tables

Proposed Criteria for Diagnosis of IE
<p>Definite IE Pathogenic criteria - Microorganisms: shown by culture or histology in a vegetation, or in a vegetation that has embolized, or in an intracardiac abscess, or - Pathologic lesions: vegetation or intracardiac abscess present, confirmed by histology showing active endocarditis</p> <p>Clinical criteria - 2 major criteria, or - 1 major criteria and 3 minor criteria, or - 5 minor criteria</p> <p>Possible IE Findings consistent with IE that fall short of Definite, but not Rejected</p> <p>Rejected IE Firm alternate diagnosis explaining evidence of IE, or Resolution of endocarditis syndrome, with antibiotic therapy for ≤ 4 days, or No pathologic evidence of IE at surgery or autopsy, after antibiotic therapy ≤ 4 days</p>

Duke Criteria (Termonology used in the Proposed Criteria for IE)
<p>Major Criteria Positive blood culture for IE - Typical microorganism for IE from 2 separate blood cultures (<i>S. viridans</i>, <i>S. bovis</i>, HACEK group, OR community-acquired MRSA, <i>Enterococcus</i> spp., in the absence of a primary focus), or Persistently positive blood cultures for any microorganism (i.e., from blood cultures drawn >12 hours apart), or All of 3 or most of ≥ 4 separate blood cultures, with first and last specimens drawn at least 1 hour apart</p> <p>Evidence of endocardial involvement - Findings on echocardiogram positive for IE - Oscillating intracardiac mass on valve or supporting structures or in the path of regurgitating jets, or on iatrogenic devices, in the absence of an alternative anatomic explanation, or - Abscess, or - New partial dehiscence of prosthetic valve, or New valvular regurgitation (increase or change in preexisting murmur not sufficient)</p> <p>Minor Criteria Predisposition: predisposing heart condition or IV drug use Fever: $\geq 38^{\circ}$ C ($\geq 100.4^{\circ}$ F) Vascular phenomena: arterial embolism, septic pulmonary infarcts, mycotic aneurysm, intracranial hemorrhage, Janeway lesions Immunologic phenomena: glomerulonephritis, Osler nodes, Roth spots, rheumatoid factor Echocardiogram: findings consistent with IE but not meeting major criteria above Microbiologic evidence: positive blood culture but not meeting major criteria above, or serologic evidence of active infection with organism consistent with IE</p>