



اعداد : د محمد المجبل

حالة سريرية :



► صبية 25 سنة تراجع العيادة بقصة تعب ووهن عام منذ اسبوع مع حرارة

► تاتو على اليد منذ اسبوعين !

► ثقب باللسان منذ اسبوعين !

► الطبيب سمع نفخة على القلب

► تم تحويل المريضة للعيادة القلبية !



التهاب شغاف انتاني





ESC

European Society
of Cardiology



2015 ESC Guidelines for the management of infective endocarditis



3-7 من 100000 كل سنة
رابع سبب انتاني للوفاة



منذ عام 1940 استخدم البنسلين بعد عمليات الاسنان
وحصد نتائج كبيرة في تقليل تجرثم الدم
اعتمدته الجمعية الأمريكية لأمراض القلب في 1950
في مرضى الداء الرثوي والأمراض الخلقية
ك وقاية من التهاب الشغاف



هل الاعطاء الروتيني للصادات لكل
مريض تداخل على الأسنان يقي من
التهاب الشغاف ???



نسبة حدوث التهاب الشغاف بعد التداخل
على الأسنان قليل جدا لذلك الاعطاء غير مفيد
ويعرض المريض لمخاطر الصادات !



تم الاتفاق على اعطاء الصادات
فقط لشريحة من المرضى عالي الخطورة
لحدوث التهاب الشغاف او عقابيله !

Zoom in (Ctrl+Plus)

Recommendations	Class ^a	Level ^b
<p>Antibiotic prophylaxis should be considered for patients at highest risk for IE:</p> <ul style="list-style-type: none">(1) Patients with any prosthetic valve, including a transcatheter valve, or those in whom any prosthetic material was used for cardiac valve repair.(2) Patients with a previous episode of IE.(3) Patients with CHD:<ul style="list-style-type: none">(a) Any type of cyanotic CHD.(b) Any type of CHD repaired with a prosthetic material, whether placed surgically or by percutaneous techniques, up to 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains.	IIa	C
<p>Antibiotic prophylaxis is not recommended in other forms of valvular or CHD.</p>	III	C



التدخلات الطبية عالية الخطورة :

A. Dental procedures

- Antibiotic prophylaxis should only be considered for dental procedures requiring manipulation of the gingival or periapical region of the teeth or perforation of the oral mucosa

Ila

C



التدخلات الطبية عالية الخطورة :

Recommendations	Class ^a	Level ^b
B. Respiratory tract procedures^c		
<ul style="list-style-type: none"> Antibiotic prophylaxis is not recommended for respiratory tract procedures, including bronchoscopy or laryngoscopy, or transnasal or endotracheal intubation 	III	C
C. Gastrointestinal or urogenital procedures or TOE^c		
<ul style="list-style-type: none"> Antibiotic prophylaxis is not recommended for gastroscopy, colonoscopy, cystoscopy, vaginal or caesarean delivery or TOE 	III	C
D. Skin and soft tissue procedures^c		
<ul style="list-style-type: none"> Antibiotic prophylaxis is not recommended for any procedure 	III	C



Cardiac or vascular interventions

Preoperative screening of nasal carriage of *Staphylococcus aureus* is recommended before elective cardiac surgery in order to treat carriers

I

A



Cardiac or vascular interventions

Perioperative prophylaxis is recommended before placement of a pacemaker or implantable cardioverter defibrillator

I

B



Cardiac or vascular interventions

Potential sources of sepsis should be eliminated ≥ 2 weeks before implantation of a prosthetic valve or other intracardiac or intravascular foreign material, except in urgent procedures

IIa

C



Cardiac or vascular interventions

Perioperative antibiotic prophylaxis should be considered in patients undergoing surgical or transcatheter implantation of a prosthetic valve, intravascular prosthetic or other foreign material

IIa

C

Situation	Antibiotic	Single-dose 30–60 minutes before procedure	
		Adults	Children
No allergy to penicillin or ampicillin	Amoxicillin or Ampicillin	2 g orally or IV	50 mg/kg orally or IV
	Cephalexin or	2 g IV	50 mg/kg IV
	Cefazolin or	1 g IV	50 mg/kg IV
	Ceftriaxone	1 g IV	50 mg/kg IV
	Cephalosporins should not be used in patients with anaphylaxis, angioedema, or urticaria after intake of penicillin or ampicillin due to cross-sensitivity.		
Allergy to penicillin or ampicillin	Clindamycin	600 mg orally or IV	20 mg/kg orally or IV
Pacemaker, implantable cardioverter–defibrillators, transcatheter valve therapies	<i>Antistaphylococcal drug:</i> Cefazolin is commonly recommended, or vancomycin		
Respiratory tract procedures	<i>Antistaphylococcal drug:</i> Cefazolin is commonly recommended, or vancomycin		
Gastrointestinal or genitourinary procedures	Antibiotic effective against enterococci (i.e. ampicillin, amoxicillin, or vancomycin (if beta-lactam intolerant))		
Dermatological, oral or musculoskeletal procedures	Antibiotic active against staphylococci and beta-hemolytic streptococci		



Table 2: Conditions with moderate risk for developing infective endocarditis for which prophylaxis is no longer recommended by ESC/AHA/ACC^{4,6,7}

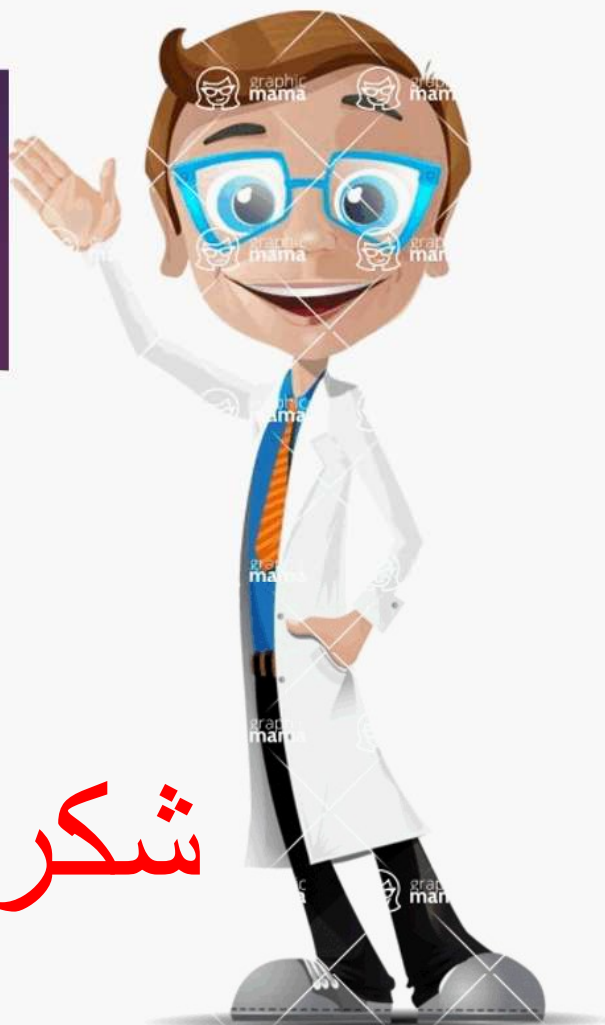
- Acquired valvular heart diseases including rheumatic, stenotic, regurgitant lesions
- Mitral valve prolapse with leaflet thickening/significant regurgitation
- Hypertrophic cardiomyopathy
- Congenital heart disease other than the highest risk category (bicuspid aortic valve, ostium primum atrial septal defect, ventricular septal defect, patent ductus arteriosus, and coarctation of aorta)



Non-specific prevention measures to be followed in high-risk and intermediate-risk patients

Table 4: Nonspecific prevention measures to be followed in high-risk and intermediate-risk patients⁶

- Strict dental and cutaneous hygiene. Dental follow-up should be performed twice a year in high-risk patients and yearly in the others.
- Disinfection of wounds.
- Eradication or decrease of chronic bacterial carriage: skin, urine.
- Curative antibiotics for any focus of bacterial infection.
- No self-medication with antibiotics.
- Strict infection control measures for any at-risk procedure.
- Discourage piercing and tattooing.
- Limit the use of infusion catheters and invasive procedure when possible. Favor peripheral over central catheters, and systematic replacement of the peripheral catheter every 3–4 days.



شكرا لإصغائكم