Judicious use of transthoracic echocardiography in the diagnosis of infective endocarditis

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Patients with a very low clinical probability of infective endocarditis do not benefit from echocardiography—but what is the definition of “very low probability”?
involving large numbers of patients will be required to resolve these issues and determine the most clinically useful variable for detecting the “very low probability” group.

REFERENCES

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Factors associated with coronary artery calcification in young female patients with SLE

K Manger, M Kusus, C Forster, D Ropers, W G Daniel, J R Kalden, S Achenbach, B Manger

Background: With improved survival rates of patients with systemic lupus erythematosus (SLE), damage such as accelerated atherosclerosis gains increasing importance.

Objective: To identify the prevalence of coronary artery calcifications (CAC) in asymptomatic patients.

Methods: Electron beam tomography (EBT) was performed in 75 female patients with SLE aged <50. The results were correlated with traditional and SLE related factors associated with CAC. 49 women with symptomatic coronary heart disease (CHD) and 279 women without CHD were also analysed.

Results: Overall, 21/75 (28%) patients had CAC. Low HDL cholesterol levels <1.40 mmol/l (p = 0.03, OR = 1.8, 67% v 39%) and cigarette smoking (p = 0.01, OR = 5.7, 76% v 44%) were identified as factors associated with CAC. Hypertension and high cholesterol were more common in women with CHD (p<0.01) than in those without CHD. SLE related factors were proteinuria (1331 v 465 mg/day, p = 0.02), impaired renal function (p = 0.02, OR = 2.6, 26% v 6%), and high C3 levels (p = 0.04, OR = 1.8, 65% v 38%). High C3 levels were also more common in symptomatic CHD (p = 0.02). The prevalence of Sm antibodies was lower in patients with CAC (15% v 42%, p = 0.03). In a multivariate analysis, cigarette smoking, reduced renal function, high C3, and a cumulative steroid dose above 30 g were the most important CAC associated factors in the lupus cohort.

Conclusion: A subgroup of patients with SLE with CAC without any clinical symptoms of CHD was identified by EBT. Therefore, EBT is useful for assessing asymptomatic atherosclerosis in this group.

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