Infective endocarditis (IE) may adversely impact on long term prognosis of patients with CHD reaching adulthood (ACHD). The aim of this study was to assess features and outcomes of IE in ACHD Material and methods: Design is a single centre retrospective chart review of IE episodes in patients with CHD and aged > 18y at diagnosis. Demographics, past cardiac history, clinical and echocardiographic, therapeutics data and outcomes were reviewed.

Results: From 1980 to 2011, 33 patients were included, mean age 29 years at IE (range 18 to 76). Underlying CHDs were: native VSD in 22%, cyanotic CHD in 35%, AVSD in 6%, aortic valve lesion in 22% and miscellaneous in 10%. CHD was repaired in 19%, palliated in 27% and non-operated in 54%. Thirty percent had received antibiotics prior to IE diagnosis. Heart failure occurred in 22% of cases, septic shock in 11%, neurological complication in 11%, splenomegaly was present in 46% and fever in 100% of cases. Source of infection was dental in 35%, cutaneous in 25%, ENT in 5%. The microbial causal agent was Staphylococcus in 46% and streptococcus in 32.5%, unknown in 8%. Echocardiographic vegetations were found in 49% of the cases, valves perforation or abscesses occurred in 11% and 24%. Embolic events were frequent (62%). Surgery was performed in 30% of cases, a median of 21 days after onset of IE (1 day to 5 months). Hospital stay was 2 weeks to 6 months. Mortality was 11% and 2 cases recurred.

Conclusion: IE severely impacts on prognosis of ACHD, especially in patients with cyanotic CHD. Embolic events frequently complicate outcomes. Prophylaxis should mainly focus on cutaneous and dental events.