

# MY TOP 5 TAKES

Sign of the Times: Updating Infective Endocarditis Diagnostic Criteria to Recognize *Enterococcus faecalis* as a Typical Endocarditis Bacterium

## MODIFIED DUKE CRITERIA MDC

MDC proposed in 2000 is the gold standard for IE diagnosis.

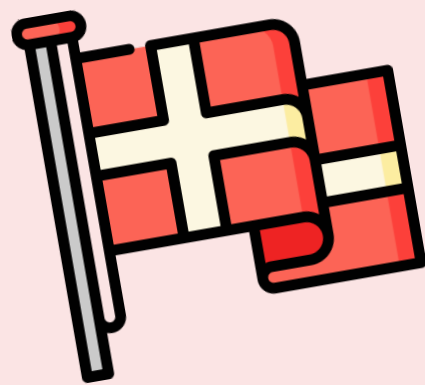
However, it misses species that are increasingly associated with IE inc. *Enterococcus faecalis* - IE caused by it has been associated even with hospital-acquired infection as well as sources like CRBSI/UTI/GI/biliary sepsis (none is addressed by the MDC)



## DANISH COHORT

344 patients with *E faecalis* of 3 years (2017-2019). Of these, 74% underwent  $\geq 1$  echo (TTE/TOE).

**Enterococcal adjusted Duke criteria** were used by including *E. faecalis* as a typical IE organism regardless of the onset (CA/HA/HCA-BSI)/source.



## BASELINE DEMOGRAPHICS



- 74% male
- Mean age: 74 years old
- Had considerable comorbidity

26% (90/344) were diagnosed as definite IE by the endocarditis team (NB: the team deliberated the definite IE and they were not restricted to counting major and minor criteria for this diagnosis)



## PERFORMANCE

- Modified Duke Criteria **missed 27 IE patients**
- Enterococcal adjusted Duke **missed 4 IE patients**

## TAKE HOME MESSAGE



it is time to revise the Modified Duke Criteria and accept *E. faecalis* as a typical IE bacterium and omit the limitations of requiring community acquisition and unknown origin of infection for *E. faecalis* and therefore update to the “Enterococcal adjusted Duke Criteria”.

**If you see an *E. faecalis* bacteremia today - think about the possibility of IE!**