TRANSESOPHAGEAL ECHO

- Severe TV Regurgitation
- Large TV Vegetations (2 x 1 cm)
- Flail TV Leaflets
- Severe Valve Malcoaptation



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ENDOCARDITIS IN PREGNANCY

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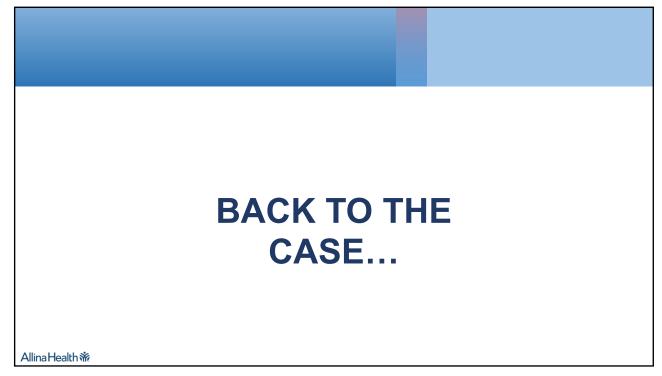
Experience Kayle Shapero, ^{1,®} Sami El-Dala Heart and Vascular Institute, University.	f Endocarditis in i, ^{2,0} Kathryn Berlacher, ¹ and Christina Meg of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, U necology and Reproductive Sciences University of Pittsl	II ³ ISA, ² Department of Infectious Disease, University of Ke	ntucky Medical Center, Lexington, Kentucky,		
	Non-Pregr	nant Average	Pregnant	nant Average	
Demographic	Median or Count	% or IQSR/SD	Median or Count	% or IQSR/SD	
Age at Deliver	y 32.6	6.9	29.6	5.8	
Hx of IVDU	118	80.8	29 85.3		
Hepatitis C	62	42.5	23 67.8		
Medication fo	r				
Methadone	11	7.5	7	20.6	
Subovone	2/	16.4	13	13 38.2	
Suspected Source IVDU	113	77.4	25	73.5	

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	Non-Pregr	Non-Pregnant Average Pregnant Average		t Average
	Median or Count	% or IQSR/SD	Median or Count	% or IQSR/SD
Completion of Abx	69	47.3	20	58.8
Surgical Indication	100	68.5	25	73.5
Maternal Outcomes				
Left AMA	25	17.1	8	23.5
Addiction Med Consult	48	32.9	17	50.0
Valve Replacement	43	29.5	11	332.4
Recurrent Endocarditis	29	20.0	8	23.5
90-day Mortality	14	9.6	1	2.9

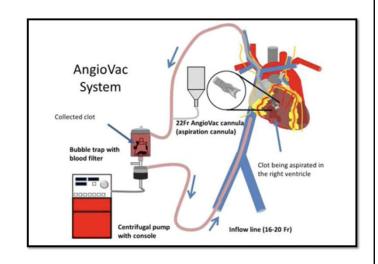
Delivery and Fetal Outcomes	Total (n = 34)	Percentage
Intrapartum IE	29	85.3
Postpartum IE	5	14.7
Live births	26	70
Perinatal mortality	5	19.2
Termination	3	9
Mode of delivery		
C-section	9	41
Spontaneous vaginal delivery	19	86
C-section indication for maternal instability	3	14
Induction of labor	6	27.3
Average gestational age of live birth, wk	35	
Preterm delivery	11	50
NICU stay	15	68

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CLINICAL COURSE

- Cardiothoracic Surgery = medical management w/consideration of valve surgery after delivery.
- Improved w/IV antibiotics & was extubated.
- 29 + 6 weeks:
 - † Tachypnea, Tachycardia, Oxygen Needs
 - CT w/worsening septic emboli and small pericardial effusion.
 - Multidisciplinary rounds = decision for debulking of TV vegetation.



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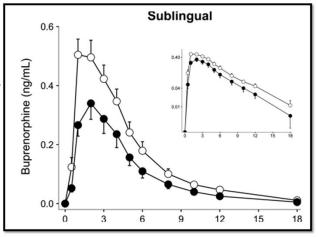
SIDEBAR - RIFAMPIN

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Rifampicin decreases exposure to sublingual buprenorphine in healthy subjects

Nora M. Hagelberg¹, Mari Fihlman¹, Tuija Hemmilä¹, Janne T. Backman², Jouko Laitila², Pertti J. Neuvonen², Kari Laine³,4, Klaus T. Olkkola⁵ & Teijo I. Saari¹

- Rifampicin tended to decrease the bioavailability of SL buprenorphine from 22% to 16%.
- Occurs due to induction of CYP3A4 activity by rifampicin in the intestinal wall & liver.
- Can lead to drug craving & potential withdrawal effects.



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ADDICTION MEDICINE CONSULT

- Opioid withdrawal onset within 12 hours of admission and patient wanting to leave AMA.
- Short-acting opioids started for pleuritic chest pain.
- Patient open to initiation of buprenorphine.
- Goal is to avoid precipitated withdrawal with micro-induction on buprenorphine.



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