Le meilleur de la bibliographie … vu par un interniste

Prévention des endocardites infectieuses : QUOI DE NEUF ?

Mardi 23 Juin 2015

Recommandations des sociétés savantes dans la prévention des endocardites infectieuses

2007 American Heart Association

2008 UK National Institute for Health and Clinical Excellence

2009 European Society of Cardiology

Incidence of infective endocarditis in England, 2000–13: a secular trend, interrupted time-series analysis

Mark J Dayer, Simon Jones, Bernard Prendergast, Larry M Baddour, Peter B Lockhart, Martin H Thornhill

Lancet 2015;385:1219-28

L'EXPERIENCE ANGLAISE :
Les nouvelles recommandations de prévention de l'endocardite infectieuse ont-elles eu un impact sur l'incidence de la pathologie ?

Incidence of infective endocarditis in England, 2000–13: a secular trend, interrupted time-series analysis

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NICE guidance

National Institute of health and Clinical excellence - UK

2008

Arrêt des mesures de l'antibioprophylaxie des endocardites infectieuses

2011

- **Réduction de 78 %** des prescriptions d'antibiotiques prophylactiques
- **Pas d'impact** de cette mesure sur **l'incidence** des endocardites infectieuses

Thornhill, BMJ 2011

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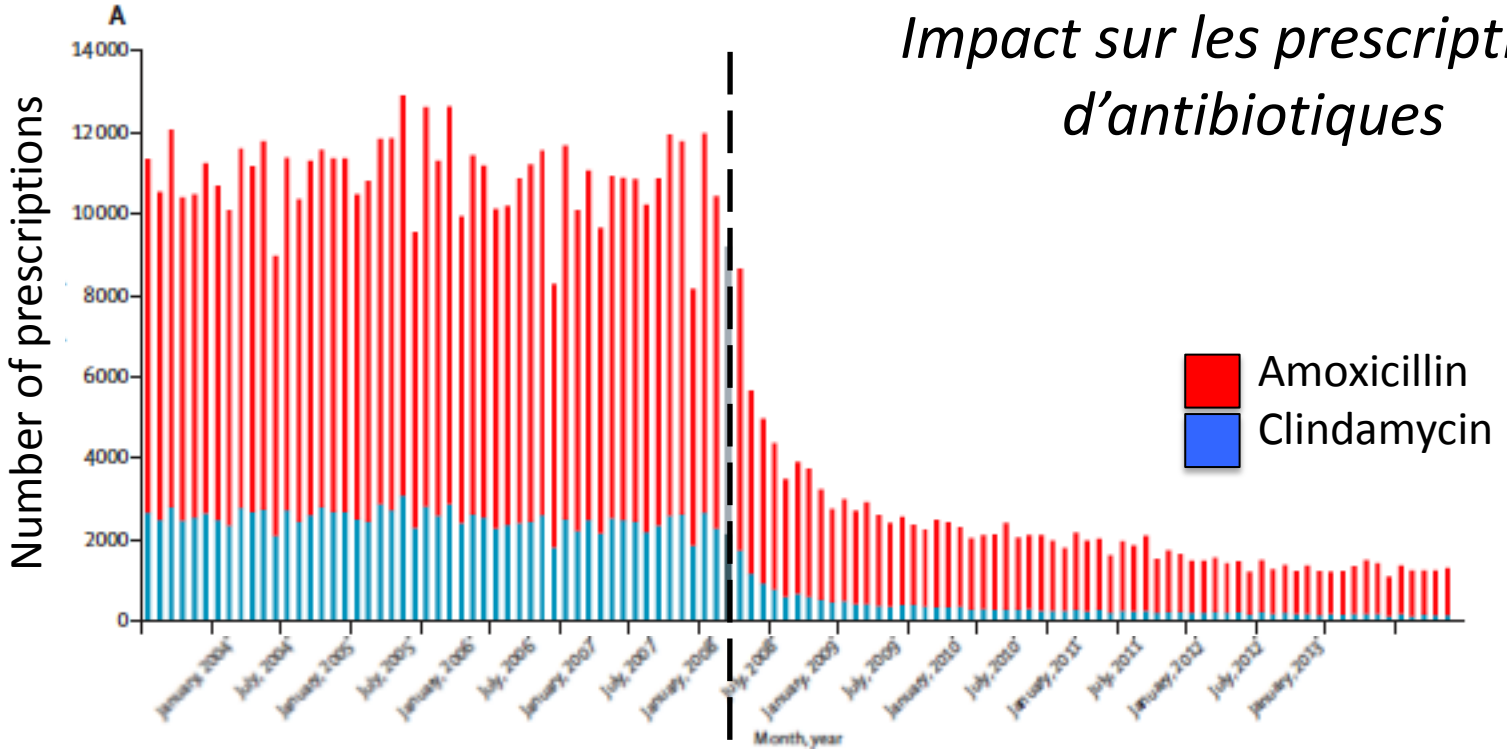
Incidence des endocardites infectieuses ?

2004 Etude retrospective 2013

- Identification des endocardites
- Identification des prescriptions d'antibiotiques
- Caractérisation de la population concernée

Recueil auprès du système de santé (hospitalisations, ordonnances …)

Impact sur les prescriptions d'antibiotiques

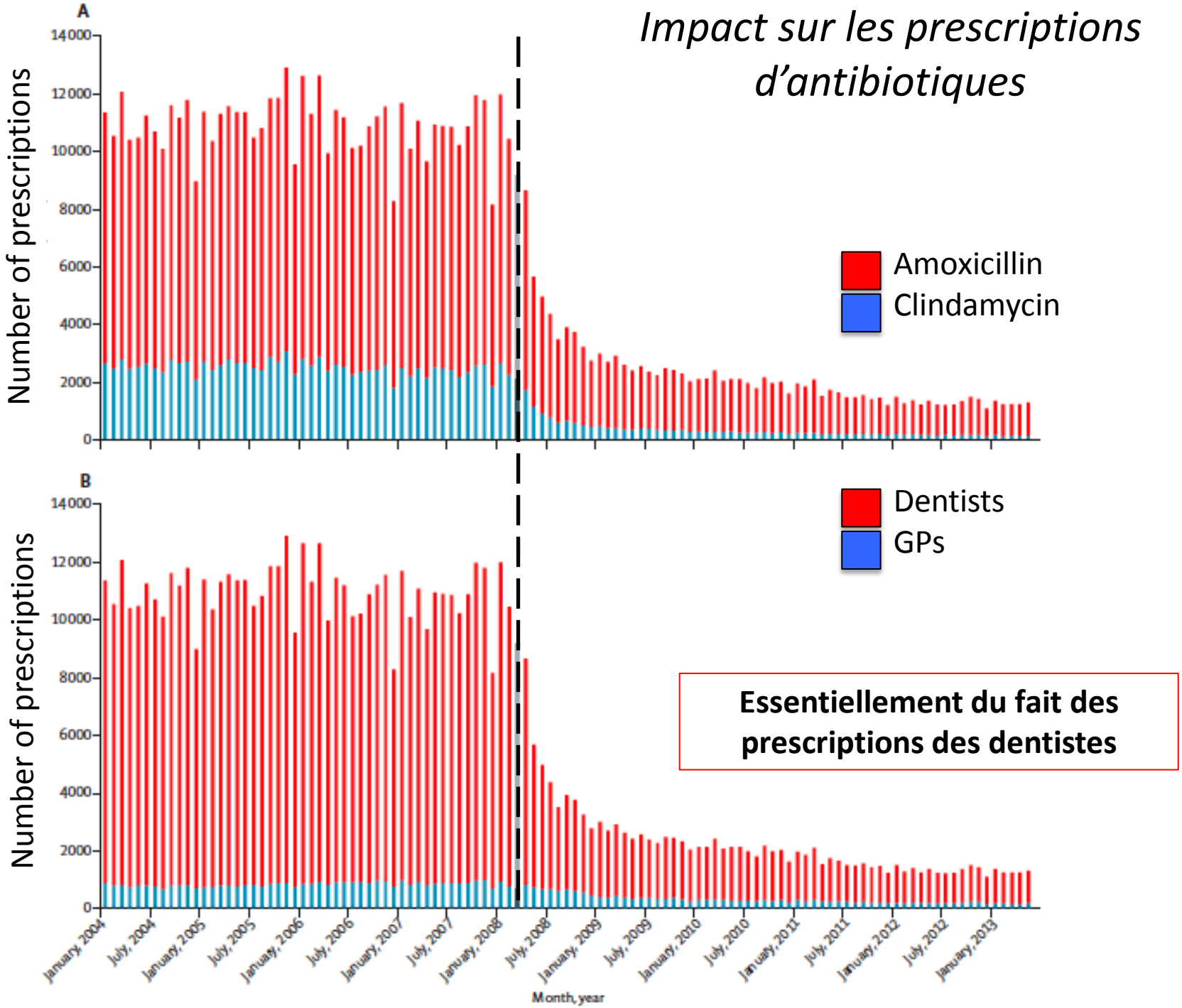


10900 prescriptions par mois

2236 prescriptions par mois

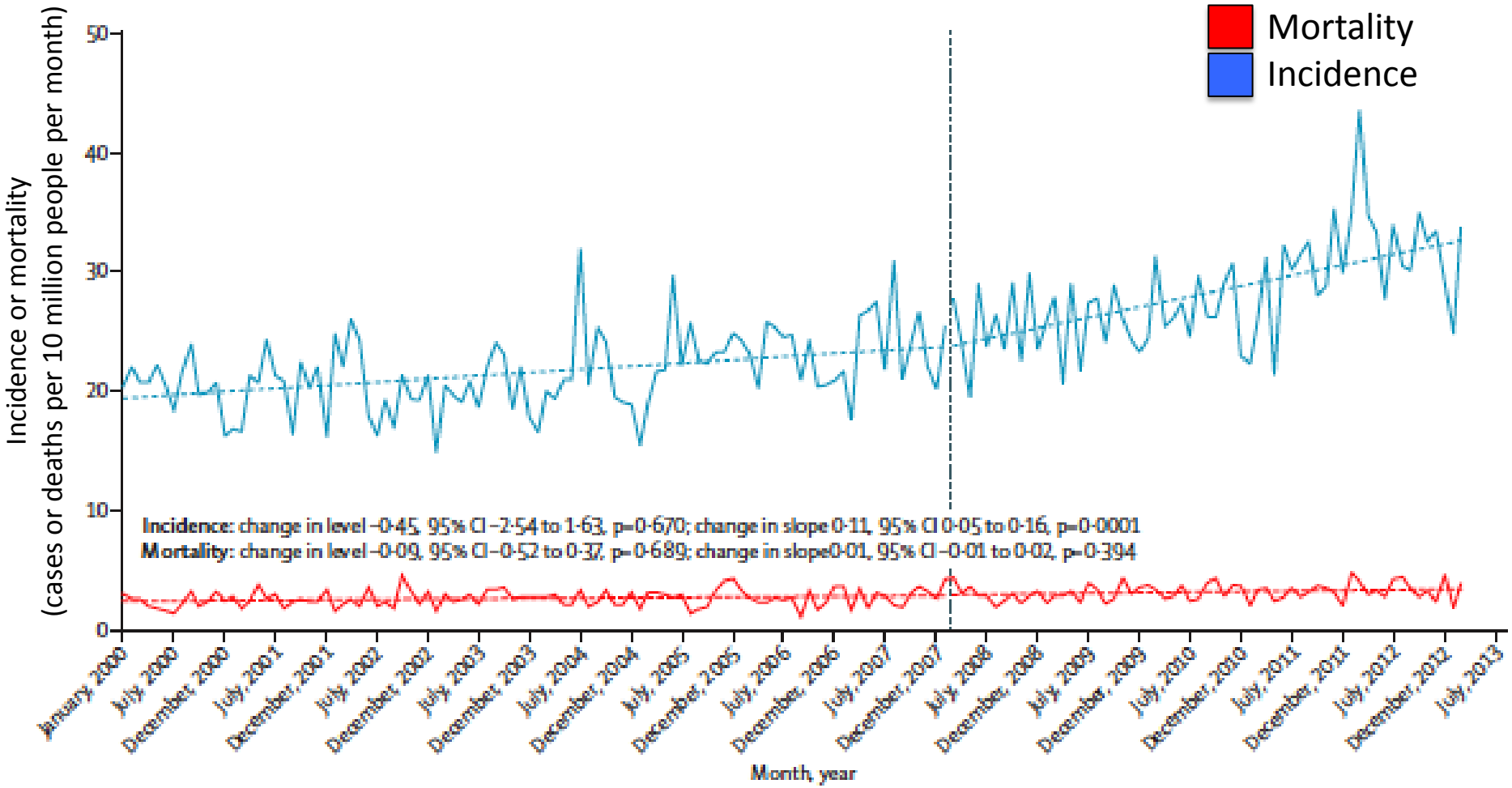
Diminution de 75 % des prescriptions

Impact sur les prescriptions d'antibiotiques



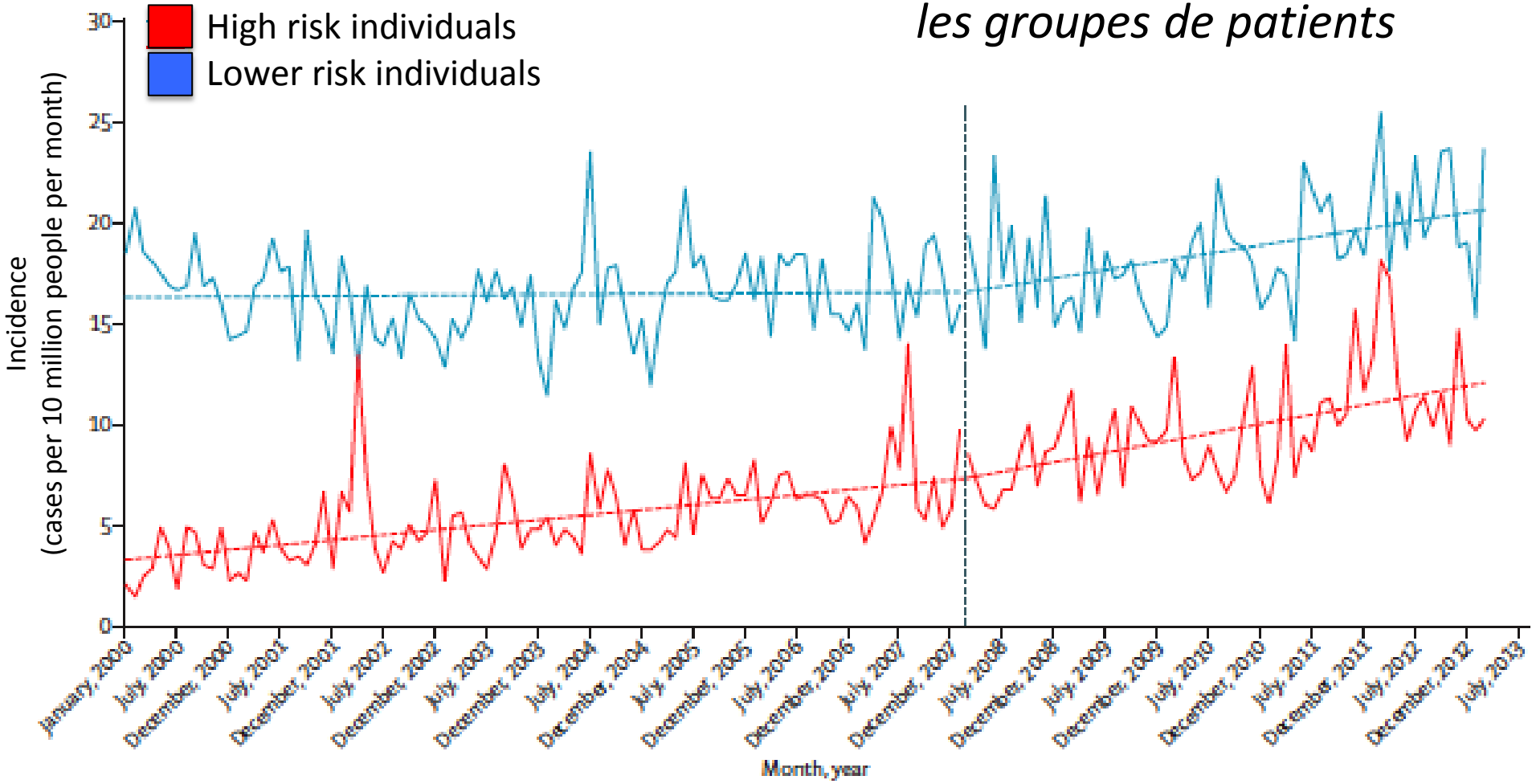
Essentiellement du fait des prescriptions des dentistes

Impact sur l'incidence des endocardites infectieuses



Augmentation de l'incidence des endocardites infectieuses

Impact sur l'incidence des endocardites infectieuses selon les groupes de patients



Augmentation de l'incidence des endocardites infectieuses quel que soit le groupe

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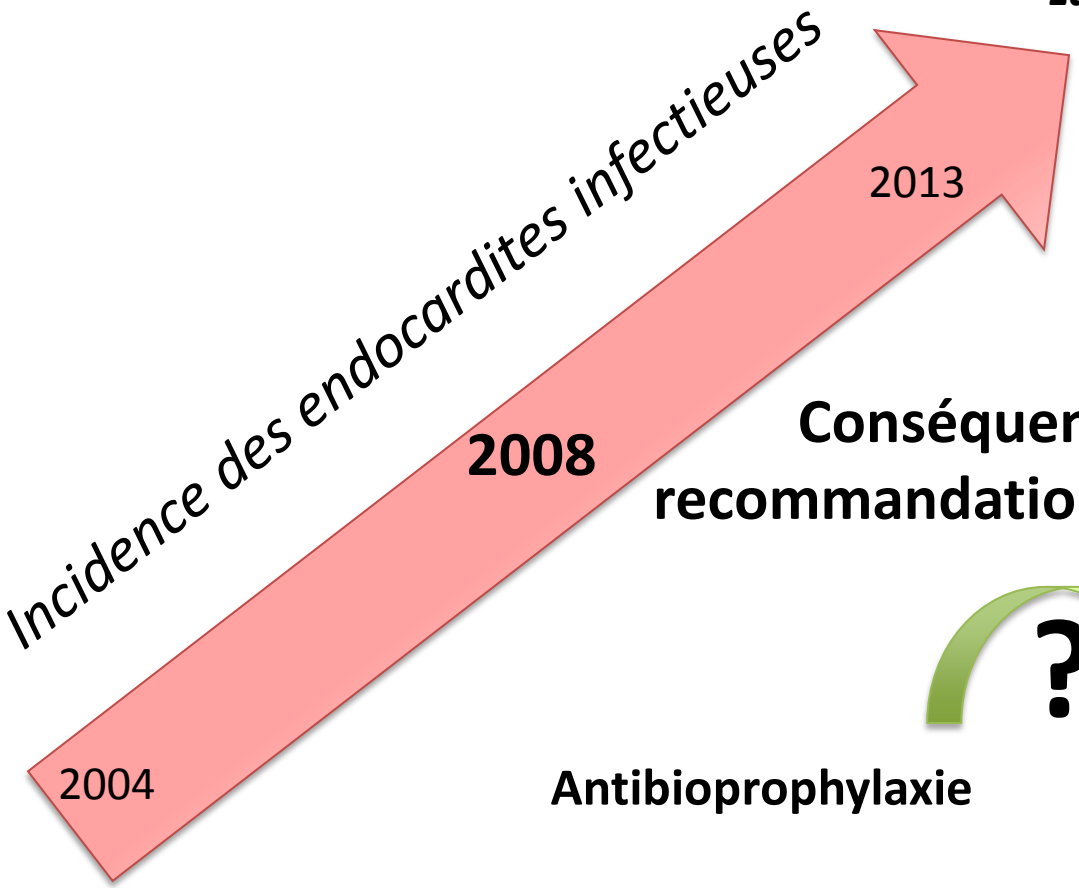

Conséquence des recommandations de 2008 ?

Antibioprophylaxie — **Incidence endocardites infectieuses**

Lien de cause à effet non établi

Incidence of infective endocarditis in England, 2000–13: a secular trend, interrupted time-series analysis

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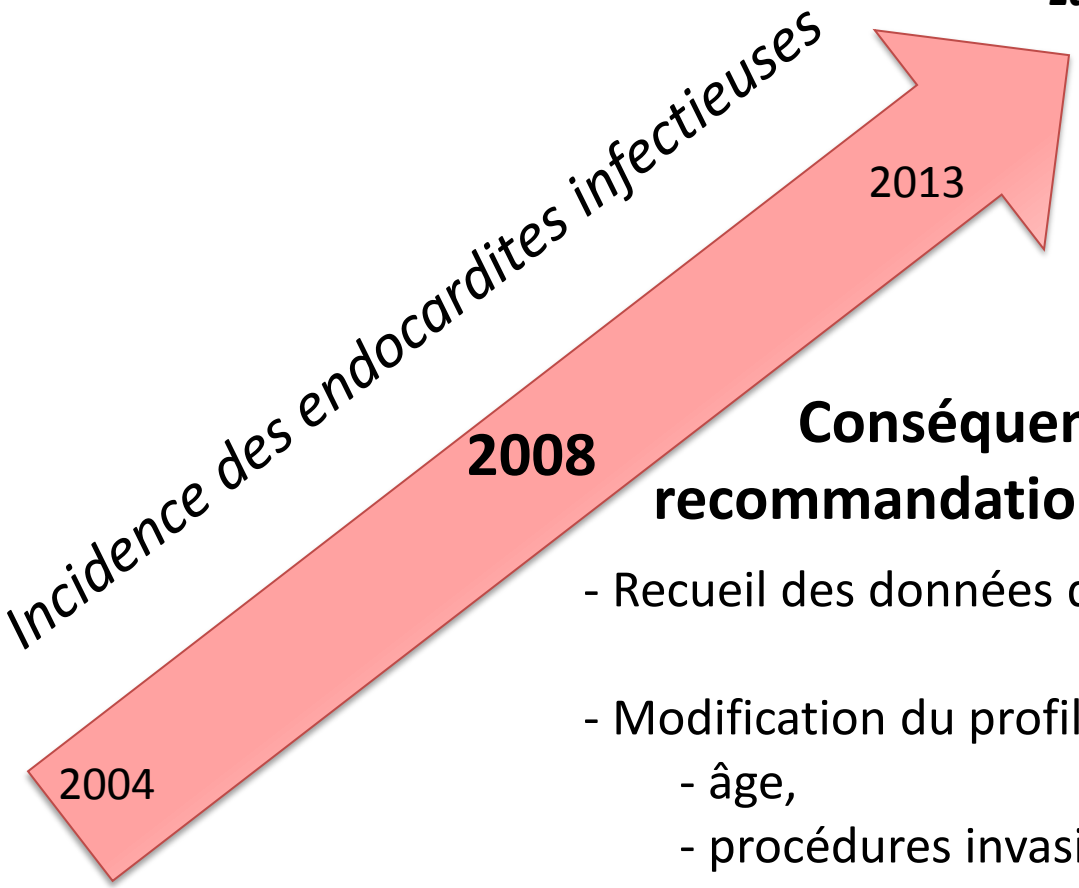


Conséquence des recommandations de 2008 ?

- Recueil des données de santé publique

- Modification du profil de la population
  - âge,
  - procédures invasives,
  - type de soins dentaires.

Prophylaxis for infective endocarditis: let's end the debate

Duval & Hoen;Lancet 2015

ESSAIS THERAPEUTIQUES

AUTRES ALTERNATIVES ?

Prophylaxis of Experimental Endocarditis With Antiplatelet and Antithrombin Agents: A Role for Long-term Prevention of Infective Endocarditis in Humans?

Tiago Rafael Veloso,[1] Yok-Ai Que,[2] Aziz Chaouch,[3] Marlyse Giddey,[1] Jacques Vouillamoz,[1] Valentin Rousson,[3] Philippe Moreillon,[1] and José Manuel Entenza[1]

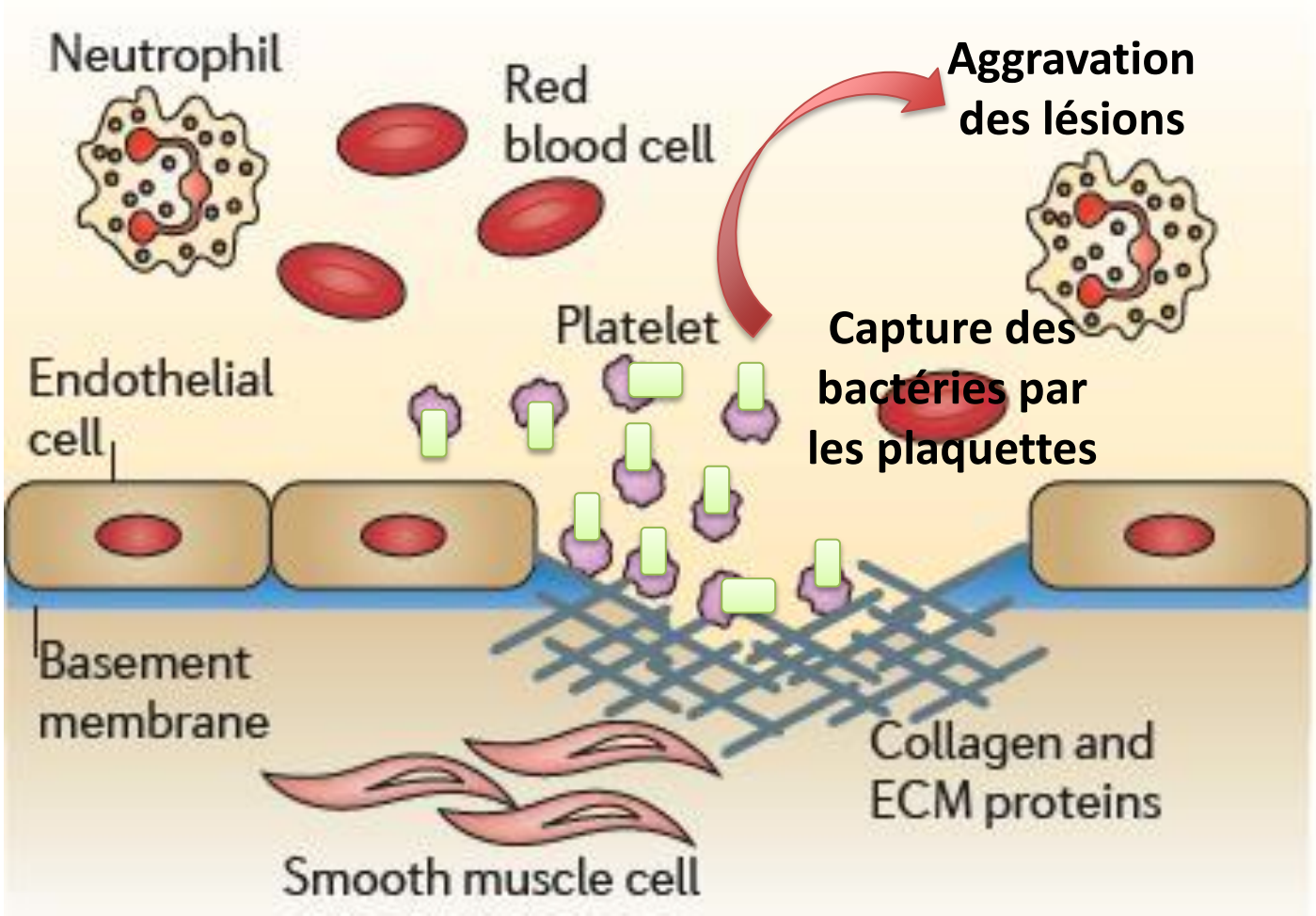
Journal of infectious diseases 2015

Prévention des endocardites infectieuses via les traitements anti-agrégants et anticoagulants ?

Diminished Platelet Binding In Vitro by *Staphylococcus aureus* Is Associated with Reduced Virulence in a Rabbit Model of Infective Endocarditis

PAUL M. SULLAM,[1]* ARNOLD S. BAYER,[2] WENDY M. FOSS,[1] AND AMBROSE L. CHEUNG[3]

INFECTION AND IMMUNITY, Dec. 1996, p. 4915–4921



Bactéries

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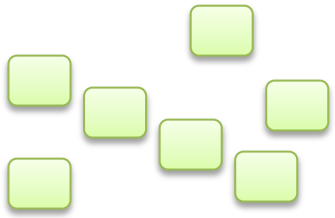
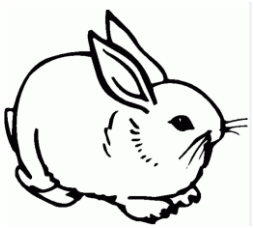
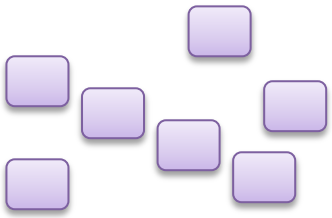
Staphylococus aureus :
Souche ISP 479





Staphylococus aureus :
Souche PS12 mutée



Adhésion plaquettaire
Normale

Faible adhésion
plaquettaire

Incidence de l'endocardite
infectieuse expérimentale

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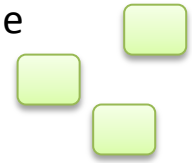
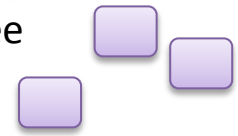
Adhésion plaquettaire Normale



Adhésion plaquettaire altérée



Strain	Inoculum (CFU)	Endocarditis induction rate[a]
ISP479C	10^3	5/11 (45)[d]
	10^4	10/10 (100)
	10^5	11/11 (100)
	10^6	9/9 (100)
PS12	10^3	0/10[e] (0)
	10^4	0/10[e] (0)
	10^5	4/10[e] (40)
	10^6	9/10 (90)

Diminution de la virulence bactérienne en lien avec une perte de l'adhésion plaquettaire

Prophylaxis of Experimental Endocarditis With Antiplatelet and Antithrombin Agents: A Role for Long-term Prevention of Infective Endocarditis in Humans?

Journal of Infectious Diseases 2015

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Les traitements anti-aggrégants et anticoagulants ont –ils un impact sur la prévention de l'endocardite infectieuse ?

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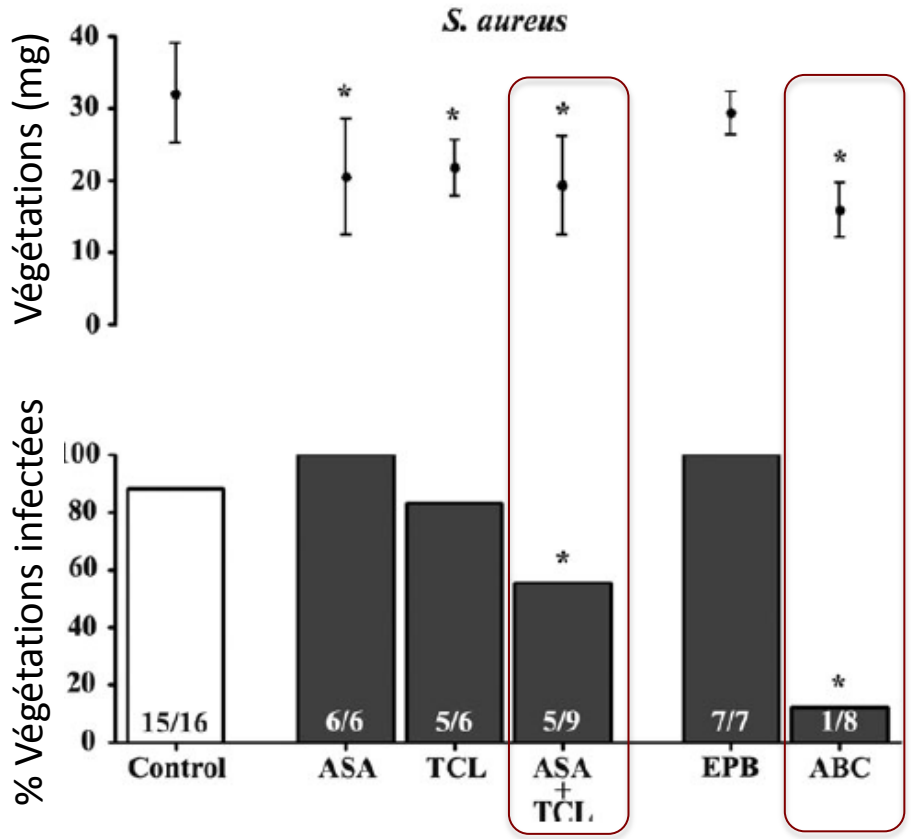

ASA	Aspirine
TCL	Ticlopidine
EPB	Eptifibatide (Integrilin °)
ABC	Abciximab (Reopro °)

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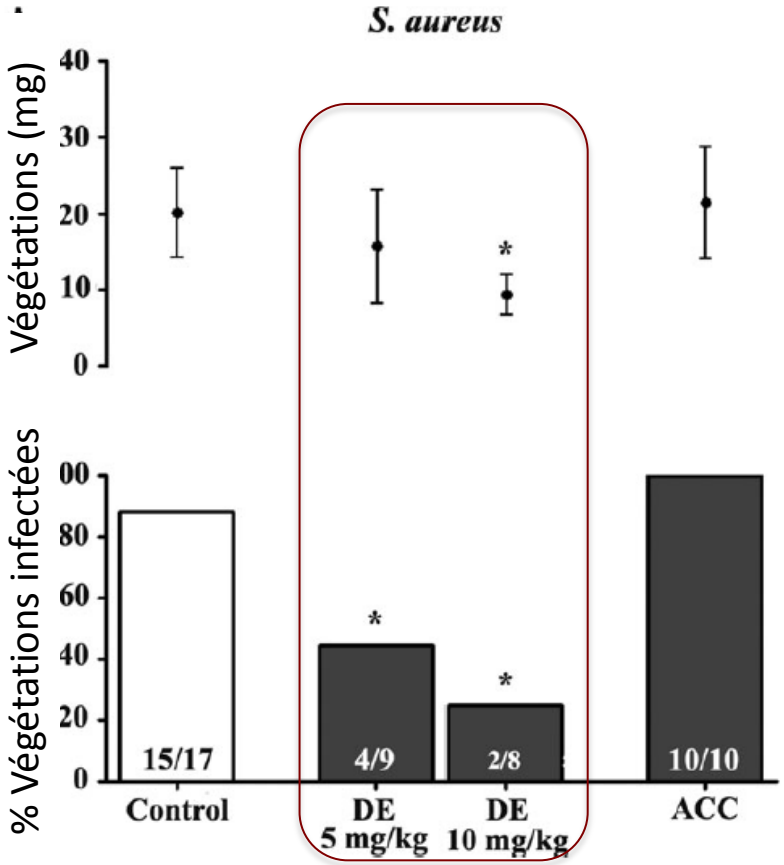

DE	Dabigatran (Pradaxa °)
ACC	AVK

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Rôle potentiel des antiagrégants et anticoagulants dans la prévention des endocardites infectieuses à Staphylocoque dans un modèle de rat

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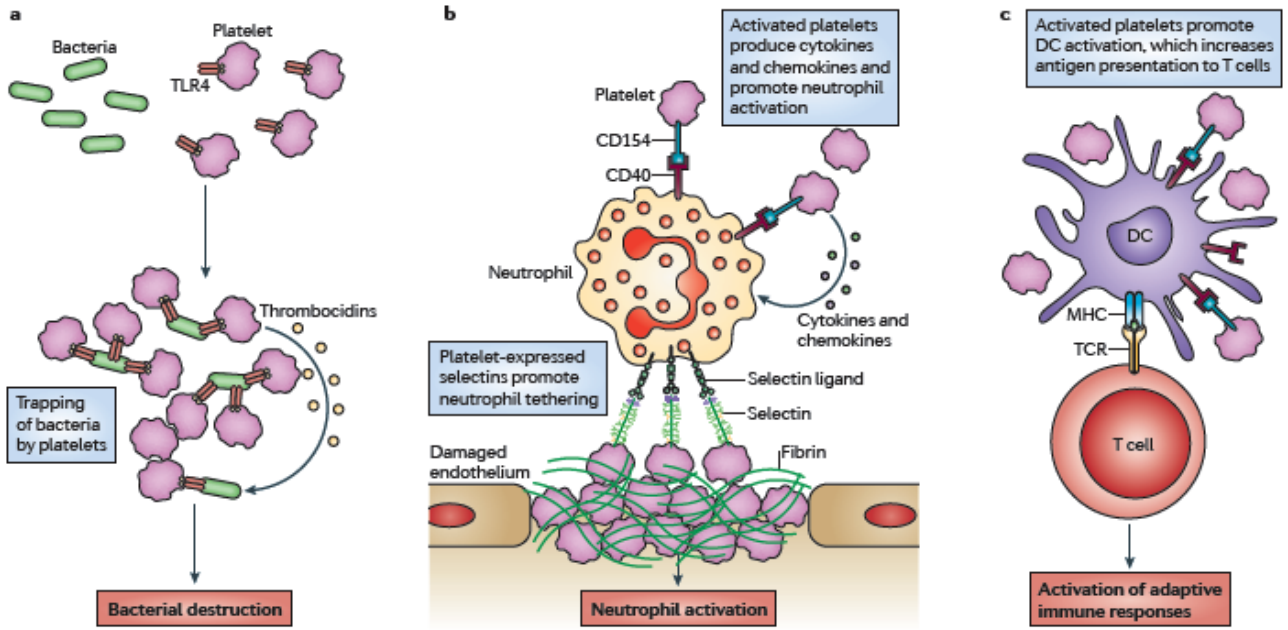

Données à mettre en balance avec le rôle immunologique des plaquettes dans la défense anti-infectieuse

Merci