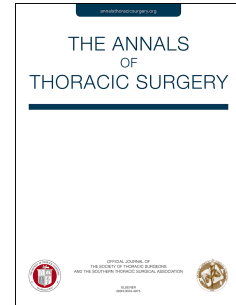


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Bioprosthetic Versus Mechanical Valve Replacement for Endocarditis: Focus on Recurrence Rates (Commentary)

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This study [1] joins a growing body of literature, a good bit of which has been contributed by Dr. Chikwe and her colleagues, based on sophisticated statistical analysis of large, statewide data sets. The authors' findings confirm in a more rigorous way what has been found in smaller retrospective studies, namely that the risk of reinfection is the same irrespective of the use of tissue or mechanical prostheses. This makes microbiological sense as well, since prosthetic infection settles in the fabric of the sewing ring, where a biofilm protects the invaders from antibiotic assault. There is little difference in the sewing ring between these options, with the exception of homografts, autografts and stentless xenografts, all of which were used so infrequently as to have no statistical impact. QED

What is perhaps more original and enlightening, in my opinion, are the data concerning reinfection rates, timing and risk factors. Thanks to the comprehensive nature of the SPARCS and OSHPD databases and linkage to the Social Security Death Master File and the statewide vital statistics death records, longitudinal analysis of late outcomes is possible with the proviso that subsequent care outside those states will not be captured. The authors remind us that reinfection is not at all uncommon. This is particularly true when the original infection is fungal – not a surprise to any of us. Perhaps of greater practical impact is dialysis as a risk factor. The authors suggest that dialysis patients receive “more aggressive antibiotic prophylaxis” given

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