



AB025. SOH23ABS_095. Exploring the changing clinical characteristics of infective endocarditis requiring surgical intervention during the coronavirus disease 2019 (COVID-19) pandemic

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Background: The aim of this study was to examine whether any significant differences existed between patient demographics, microbiological cause and post-operative morbidity and mortality in patients with confirmed infective endocarditis requiring surgical intervention presenting before the onset of coronavirus disease 2019 (COVID-19), and those presenting around or after the onset of COVID-19.

Methods: This single-centre retrospective observational study was conducted between the time period of June 2016 and June 2022. Patients that met the study inclusion criteria (n=51) were stratified into those that underwent surgery for infective endocarditis between June 2016 and June 2019, and those that underwent surgery for infective endocarditis between July 2019 and June 2022. Comparison between the two groups was then performed using the chi squared/fishers exact test, or 2 sample *t*-test where appropriate.

Results: Patients that required surgical intervention between July 2019 and June 2022 tended to be older (mean age 68.5 *vs.* 59.86 years, $P=0.031$), and have a higher cardiac operative predicted mortality (mean EUROSCORE II 10.53 *vs.* 7.33, $P=0.036$) than those presenting between June 2016 and June 2019. Presence of risk factors and microbiology did not differ significantly between the two

groups. Despite the higher predicted post-operative acute kidney injury requiring renal replacement therapy (6 *vs.* 0, $P=0.006$) in the July 2019 to June 2022 group, fortunately there was no significant difference seen between 30-day mortality rates in the two groups (14.29% *vs.* 9.09%).

Conclusions: This study provides an early insight into the changing characteristics and resultant post-operative course of patients with infective endocarditis managed surgically following the onset of the COVID-19 pandemic.

Keywords: Cardiac surgery; cardiothoracic; coronavirus; coronavirus disease 2019 (COVID-19); infective endocarditis

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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