# Article information:

Current AATS guidelines on surgical treatment of infective endocarditis - PMC
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6892713/>

# Article summary:

1. The 2016 American Association for Thoracic Surgery (AATS) guidelines for surgical treatment of infective endocarditis (IE) are question based and address questions of specific relevance to cardiac surgeons.

2. Standard indications for surgery include severe heart failure, severe valve dysfunction, prosthetic valve infection, invasion beyond the valve leaflets, recurrent systemic embolization, large mobile vegetations, or persistent sepsis despite adequate antibiotic therapy for more than 5–7 days.

3. Valve repair is performed whenever possible and choice of valve—mechanical or tissue prosthesis—should be based on normal criteria for valve replacement. For patients with invasive disease and destruction, reconstruction should depend on the involved valve, severity of destruction, and available options for cardiac reconstruction.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is a review of the 2016 American Association for Thoracic Surgery (AATS) guidelines for surgical treatment of infective endocarditis (IE). The article provides an overview of the guidelines and their key points in a clear and concise manner. It is written by two authors who were members of the writing committee for the 2016 AATS endocarditis guidelines which adds to its trustworthiness as they have first-hand knowledge about the topic. The article also provides references to other relevant studies which adds to its reliability as it shows that it is based on evidence from other sources. However, there are some potential biases in the article such as not presenting both sides equally or not exploring counterarguments which could be addressed in future revisions. Additionally, there is no mention of possible risks associated with surgery which could be included in future revisions as well.

# Topics for further research:

* Infective endocarditis surgery risks
* Alternatives to surgical treatment of infective endocarditis
* Long-term outcomes of infective endocarditis surgery
* Infective endocarditis guidelines comparison
* Infective endocarditis surgery complications
* Infective endocarditis surgery guidelines review

# Report location:

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