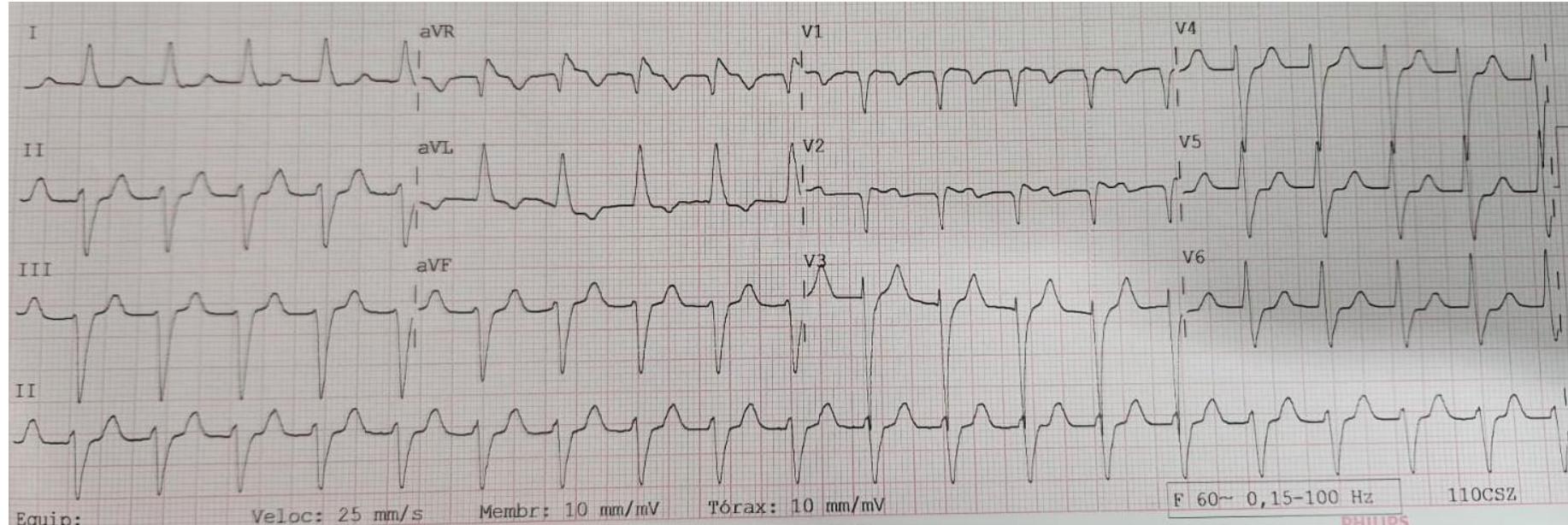


# **Apresentação de ECG**

**Dra Mirelle Defanti**



- ▶ Paciente com clínica de emagrecimento, febre persistente e insuficiência cardíaca nova , AVC recente .
- ▶ Diag: endocardite infecciosa de válvula aórtica .

- **Forte associação com abscesso perivalvar.**
- ▶ • BAV de 1º grau geralmente é o primeiro sinal de abscesso.
  - • Sinaliza destruição tecidual profunda.
- ▶ • PR crescente:
  - • Pode evoluir para BAV Mobitz II ou total.
  - • Maior risco de IC, fistulas e mortalidade.

## 2023 ESC Guidelines for the management of endocarditis

**Developed by the task force on the management of endocarditis of the European Society of Cardiology (ESC)**

**Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) and the European Association of Nuclear Medicine (EANM)**

A paravalvular abscess of these valves, especially of the aortic valve, may lead to AVB, and new electrocardiographic AVN conduction abnormalities are indicative of a paravalvular extension of the infection.

Multivariable analysis identified that prolonged pre-operative PR and QRS intervals, *S. aureus* infection, presence of aortic root abscess, tricuspid valve involvement, and prior valvular surgery were independently associated with the need for post-operative pacemaker implantation.

Pacemaker implantation should be considered in patients with surgery for valvular endocarditis and complete AVB if one or more of these risk factors is present.<sup>515</sup>

**Obrigada!**