

Infection in Destination LVAD Recipients: Time to Relapse

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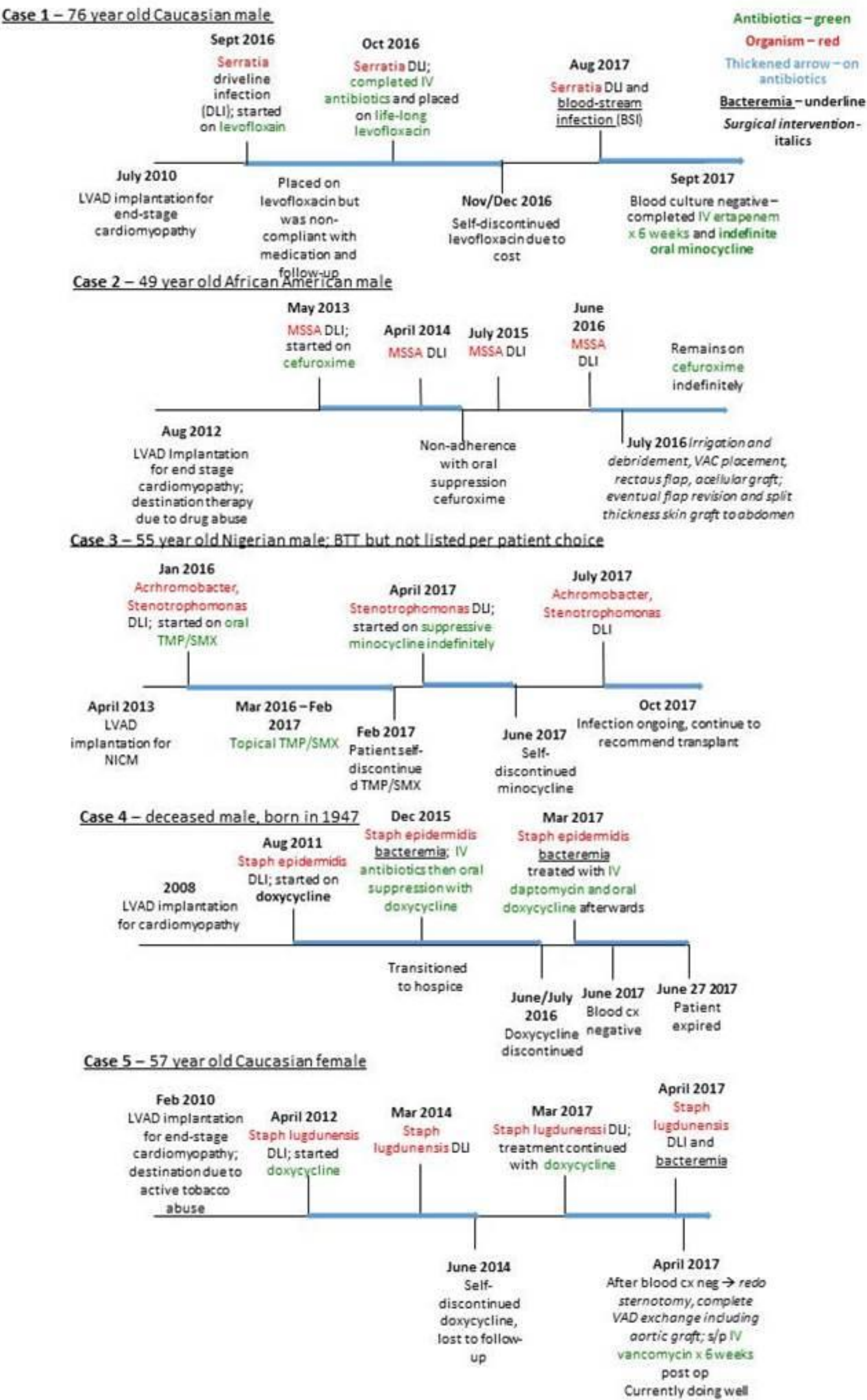


Introduction

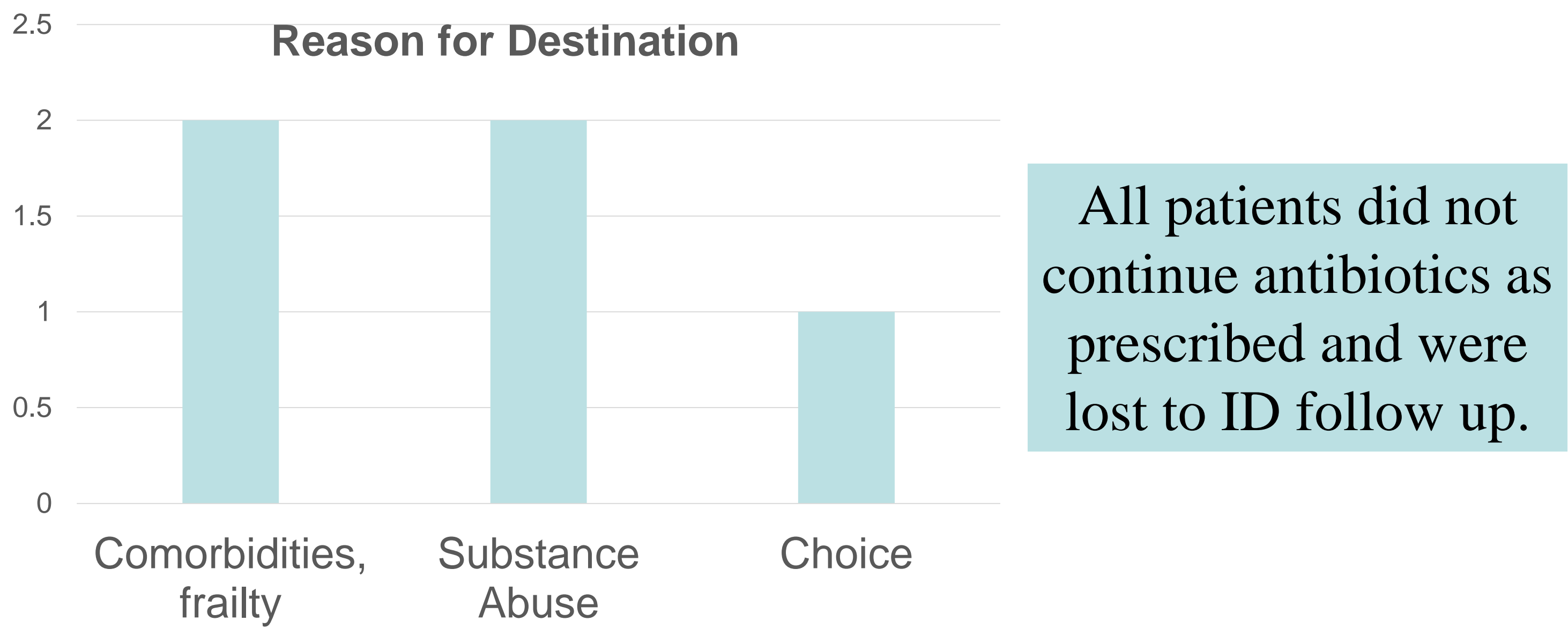
LVAD sequelae include infection at rates of 18-59%. Infection is related to duration of support, so destination patients are at particular risk. In October 2017, the ISHLT published a consensus document for management of mechanical circulatory support infection suggesting that long-term suppressive antibiotic therapy should be considered in recurrent or relapsed LVAD infection.

We describe five destination LVAD recipients with refractory and severe infections instructed to continue lifelong oral suppression who self-discontinued treatment.

Cases



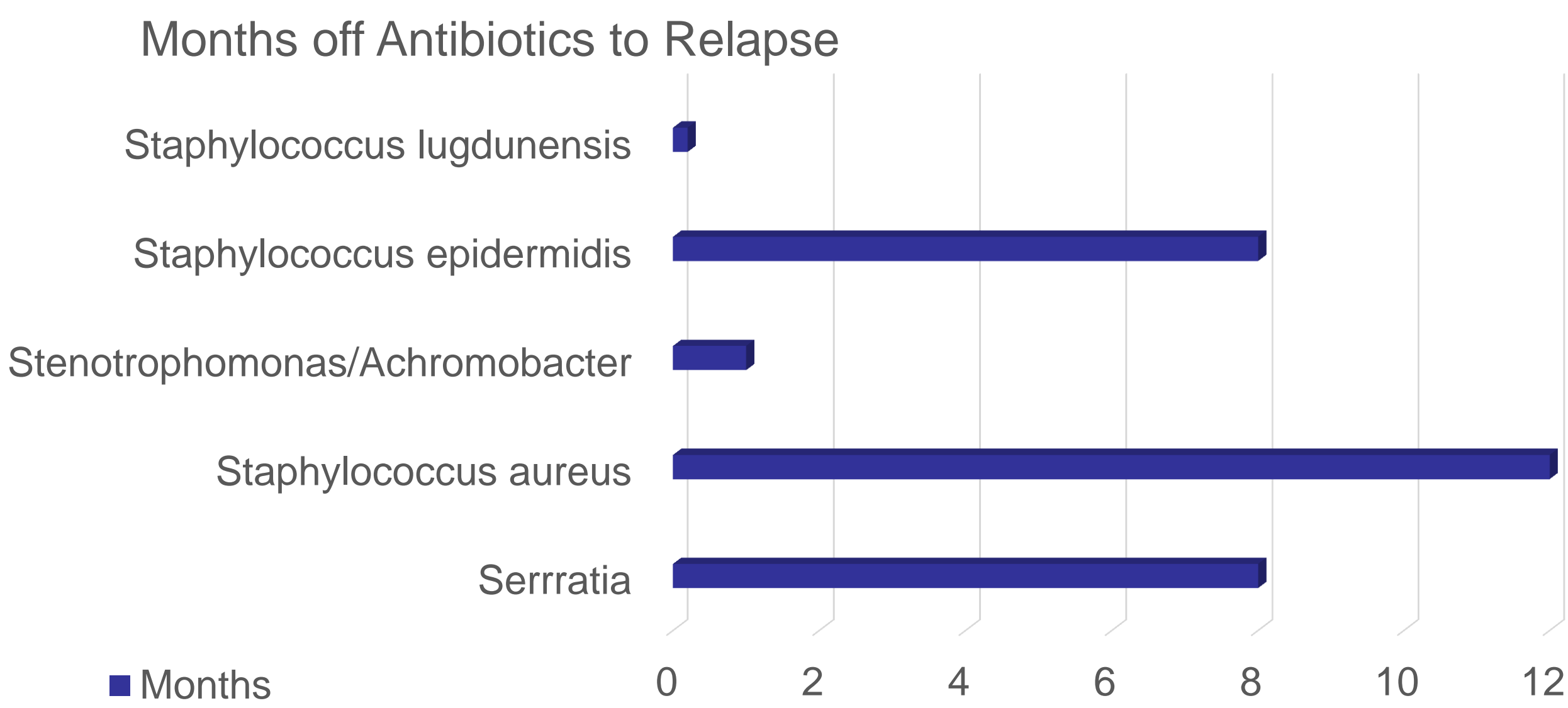
Summary



✧ The organisms that recurred were varied.

<i>Serratia</i>	methicillin-sensitive <i>Staphylococcus aureus</i>	<i>Achromobacter</i>
<i>Stenotrophomonas</i>	<i>Staphylococcus epidermidis</i>	<i>Staphylococcus lugdunensis</i>

✧ Organisms included skin flora, gram positives and gram negatives. This preliminary data would suggest that it is **physicality of the infection** (versus the microbiology) that predisposes to relapse and severity.



Local → Systemic Infection (3/5)	<i>Serratia</i>
	<i>Staphylococcus epidermidis</i>
	<i>Staphylococcus lugdunensis</i>
Required surgical extirpation of infection (2/5)	MSSA
	<i>Staphylococcus lugdunensis</i>

✧ This case series demonstrates difficulties in management in cases of relapse. Long term/indefinite antibiotics are helpful but surgical management may also be needed to eliminate infection.

Study Contact

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