



UNDERSTANDING SUBACUTE BACTERIAL ENDOCARDITIS (SBE)



PROPHYLAXIS



WHAT IS INFECTIVE ENDOCARDITIS?

Infective Endocarditis (IE), historically called Subacute Bacterial Endocarditis (SBE), is a serious infection of the inner lining of the heart (endocardium) or heart valves. It occurs when bacteria or other microorganisms enter the bloodstream and attach to abnormal heart tissue, prosthetic material, or damaged heart valves.

IE can cause serious complications:

- Heart valve damage
- Heart failure
- Stroke
- Bloodstream infection (sepsis)
- Need for cardiac surgery
- Death if untreated



WHO DOES NOT USUALLY NEED SBE PROPHYLAXIS?

Routine prophylaxis is generally NOT recommended for:

- Isolated atrial septal defect (ASD)
- Repaired ASD, VSD, or PDA beyond 6 months without residual defects
- Mitral valve prolapse
- Bicuspid aortic valve
- Innocent heart murmurs
- Coronary artery stents
- Pacemakers or ICDs
- Previous Kawasaki disease without valve dysfunction

Always discuss your individual risk with your cardiologist.



WHICH PROCEDURES REQUIRE PROPHYLAXIS?

DENTAL PROCEDURES

Antibiotic prophylaxis is recommended for high-risk patients undergoing procedures involving:

- Manipulation of gum tissue
- Manipulation of tissues around the tooth root
- Perforation of oral mucosa
- Dental extractions
- Deep dental cleaning
- Dental implants
- Certain periodontal procedures



PROCEDURES THAT USUALLY DO NOT REQUIRE PROPHYLAXIS

- Routine dental X-rays
- Braces adjustments
- Orthodontic appliance placement
- Shedding baby teeth
- Lip or oral trauma
- Routine anesthetic injections through noninfected tissue



GOOD ORAL HYGIENE IS THE BEST PREVENTION

Daily activities such as brushing and chewing cause far more cumulative bacterial exposure than occasional dental procedures.



Brush twice daily



Floss regularly



Have regular dental checkups



Treat dental infections promptly



Maintain excellent oral health



WHY IS PROPHYLAXIS IMPORTANT?

Certain dental and surgical procedures can allow bacteria from the mouth or other body sites to enter the bloodstream. For individuals at highest risk, preventive antibiotics before specific procedures can reduce the risk of infective endocarditis.

However, current guidelines recommend prophylaxis only for patients at the **highest risk of adverse outcomes**, not for all congenital heart disease patients.



WHO NEEDS SBE PROPHYLAXIS?

According to current recommendations from the American Heart Association (AHA) and American College of Cardiology (ACC), prophylaxis is recommended for:



1 PROSTHETIC HEART VALVES

- Mechanical valves
- Bioprosthetic valves
- Transcatheter valve replacements
- Prosthetic material used for valve repair



2 PREVIOUS INFECTIVE ENDOCARDITIS

Any patient with a history of infective endocarditis



3 CERTAIN CONGENITAL HEART DISEASES (CHD)

- Cyanotic Congenital Heart Disease
 - Unrepaired cyanotic heart defects
 - Palliative shunts and conduits
- Repaired CHD with Prosthetic Material
 - During the first 6 months after repair
- Residual Defects
 - Residual leaks or defects adjacent to prosthetic patches or devices



4 HEART TRANSPLANT PATIENTS

Heart transplant recipients who develop valvular disease



RECOMMENDED ANTIBIOTICS

STANDARD REGIMEN

Amoxicillin

- Adults: 2 grams orally
 - Children: 50 mg/kg orally
- Given 30–60 minutes before the procedure



IF UNABLE TO TAKE ORAL MEDICATION

- Ampicillin IV/IM
- Cefazolin IV/IM
- Ceftriaxone IV/IM



PENICILLIN ALLERGY OPTIONS

- Cephalexin (if appropriate)
- Azithromycin
- Clarithromycin
- Doxycycline (age appropriate)



Note: Routine use of clindamycin is no longer recommended because of a higher risk of adverse effects.



WHEN SHOULD YOU SEEK MEDICAL ATTENTION?

Contact your physician promptly if you develop:



Persistent fever



Unexplained fatigue



Night sweats



Weight loss



New heart murmur



Chills



Shortness of breath

Especially if you have a history of congenital heart disease, prosthetic valves, or previous infective endocarditis.

ONLY SELECTED HIGH-RISK CARDIAC PATIENTS REQUIRE SBE PROPHYLAXIS. EXCELLENT DENTAL HYGIENE AND REGULAR DENTAL CARE ARE MORE IMPORTANT THAN PREVENTIVE ANTIBIOTICS FOR MOST PATIENTS.



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