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The Journal policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

Reply to the Editor:

Chilvers and colleagues suggest that there may be important differences in the prevalence of intravenous drug use (IVDU) between North America and Europe, which may in turn influence the prevalence of IVDU-related infective endocarditis (IE) requiring cardiac surgery. They further highlight that increasing IVDU in North America has led to a larger proportion of solid-organ transplantations from IVDU donors; such increases were not observed in Europe. Although there may be a true disparity in behavioral characteristics between North America and Europe in terms of IVDU and the risk of IE, these data are muddled by differences in the ascertainment of drug use in population-based surveys, which may create a misclassification bias. Even contemporary cardiac surgical databases fail to distinguish between IVDU and the use of other nonintravenous intoxicants such as cannabinoids and intranasal or inhaled stimulants, which clearly are associated with different risks of IE compared with intravenous drugs. Databases have also failed to differentiate between active drug users and the rehabilitated drug users with a history of IVDU. Although the prevalence of IVDU may indeed be lower in Europe, few would argue that IVDU-related IE is a daunting problem for the cardiac surgeon. The authors’ own institutional data show that more than one-third of patients die at follow-up despite a mean age of 35 years, with one half of those deaths due to recurrent IE. These data are consistent with previous reports and do not seem to be influenced by the side of the pond on which one lives. These data also highlight an urgent need to standardize the definition and timing of drug use across cardiac surgical registries and continents, to better isolate the impact of IVDU-related IE from other causes of IE, and better define the role of cardiac surgery in these challenging cases, especially for repeat offenders.

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https://doi.org/10.1016/j.jtcvs.2020.05.018
Finally, we should continue to acknowledge that endocarditis is an extremely heterogenous disease, and comparing outcomes or evaluating the efficacy of interventions face challenges owing to the limited classification conventions that make it difficult to compare apples to apples.

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