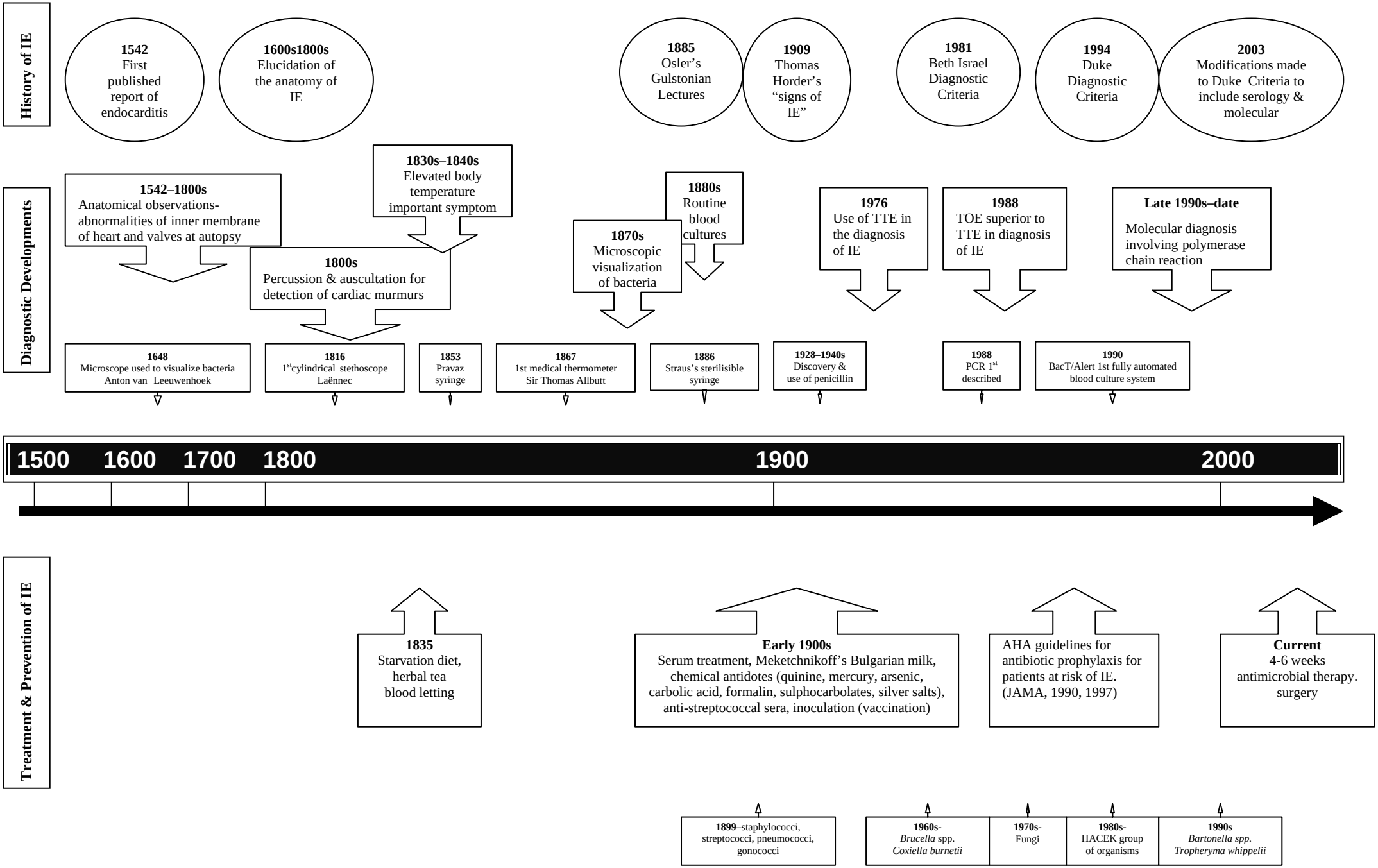
History of IE
1542 First published report of endocarditis
1600s1800s Elucidation of the anatomy of IE
1885 Osler's Gulstonian Lectures
1909 Thomas Horder's "signs of IE"
1981 Beth Israel Diagnostic Criteria
1994 Duke Diagnostic Criteria
2003 Modifications made to Duke Criteria to include serology & molecular
Diagnostic Developments
1542–1800s Anatomical observations- abnormalities of inner membrane of heart and valves at autopsy
1830s–1840s Elevated body temperature important symptom
1800s Percussion & auscultation for detection of cardiac murmurs
1870s Microscopic visualization of bacteria
1880s Routine blood cultures
1976 Use of TTE in the diagnosis of IE
1988 TOE superior to TTE in diagnosis of IE
Late 1990s–date Molecular diagnosis involving polymerase chain reaction
1648 Microscope used to visualize bacteria Anton van Leeuwenhoek
1816 1st cylindrical stethoscope Laënnec
1853 Pravaz syringe
1867 1st medical thermometer Sir Thomas Allbutt
1886 Straus's sterilisible syringe
1928–1940s Discovery & use of penicillin
1988 PCR 1st described
1990 BacT/Alert 1st fully automated blood culture system
1500 1600 1700 1800 1900 2000
Treatment & Prevention of IE
1835 Starvation diet, herbal tea blood letting
Early 1900s Serum treatment, Meketchnikoff's Bulgarian milk, chemical antidotes (quinine, mercury, arsenic, carbolic acid, formalin, sulphocarbolates, silver salts), anti-streptococcal sera, inoculation (vaccination)
AHA guidelines for antibiotic prophylaxis for patients at risk of IE. (JAMA, 1990, 1997)
Current 4-6 weeks antimicrobial therapy. surgery
1899–staphylococci, streptococci, pneumococci, gonococci
1960s- Brucella spp. Coxiella burnetii
1970s- Fungi
1980s- HACEK group of organisms
1990s Bartonella spp. Tropheryma whippelii