Infective endocarditis in tetralogy of fallot complicating brain abscess

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Abstract

Infective endocarditis is a serious and fatal complication in congenital heart disease. Patients with congenital heart disease have structural changes that create turbulence and shear force in blood blow that disrupts the endocardium, exposing the subendocardial collagen and extracellular matrix. The resultant inflammation causes endothelial cells to express β1 integrins, which bind circulating fibronectin to the endothelial surface and production of tissue factor, deposition of fibrin, and platelet adherence lead to hemostasis and pathogenic organisms may settle in and infect the endocardium in these areas. With sequestration and limited blood supply to a damaged area, formation of vegetation and / or abscess may occur. These friable vegetations have the capability of causing emboli, which may result distal abscess formation, especially in the brain. The risk of infective endocarditis in cyanotic CHD is more than six times the risk compared to those in acyanotic CHD. Cyanotic heart disease accounts for 12.8-69.4 % of all cases of brain abscess with the incidence being higher in children. The risk of brain abscess complicating cyanotic CHD (congenital heart disease) is inconstant, but is more common after two years of age and increases consistently until the age of 12 years.

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Speaker Publications:
1. Tropical Coronary Artery Disease and Arrhythmogenic Potentials—The Changing Pattern towards Endomyocardial Fibrosis—An Analysis
2. Endomyocardial Fibrosis: Echocardiographic Profile
3. Right Ventricular Endomyocardial Fibrosis in Neonate—A Case Report
4. “Burnt-Out” Endomyocardial Fibrosis—An Overview


Abstract Citation:
(https://neurone.neurologyconference.com/)

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