

Risk factors after infective endocarditis hospitalization

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ABOUT THE STUDY

Increased morbidity and high mortality from cancer are major human health problems worldwide. The development of cancer is complex and there are many factors that contribute to the etiology of cancer. Congenital genetic factors, smoking, alcohol consumption, radiation exposure, exposure to environmental pollutants and infectious substances have proven to be considered potential risks of developing cancer. In addition, geographic differences and socio-economic status were reported as important factors and were used to estimate cancer incidence and survival. According to recent reports, infection-related cancers may be associated with geographic factors and socio-economic development.

Infective Endocarditis (IE) is a specific disease caused by microorganisms that clinically damage the heart valve endothelium. Although a relatively rare disease, the incidence of IE varies and varies by different populations with different basic characteristics. Clinically, IE is not a regular disease, and various symptoms obscure the diagnosis. The use of echocardiography to diagnose IE classifies the disease as certain, probable, and possible. The criteria was previously used for IE diagnostics. Cancer progresses slowly and can take years. In asymptomatic cancer patients, weakened immunity may predispose to IE. Early observational studies have shown that IE with several single microorganisms may be associated with the specific development of cancer as a colorectal tumor.

Until now, cancer prevention cannot be resolved. Currently, there are no definitive drugs to prevent the development of cancer, but many studies have shown that the use of cardiovascular drugs as aspirin and statins is associated with a reduced risk of colon cancer. Although interconnection between IE and cancer has been reported, IE survivors taking cardiovascular

medications may affect outcomes. In addition, IE is a complex and serious infectious disease with high mortality in both hospitals and long-term follow-up. This makes it difficult to clarify the taxonomic relationship between IE and cancer.

The purpose of this study was to use a national population-based database to determine the long-term cancer risk incidence of IE survivors. We also tried to evaluate the associated risk factors in cancer development. To reduce the harmful effects of potential co-founders from baseline characteristics, we conducted a propensity score matching study. To minimize death effect in IE patients, we used death as competing risk in regression analysis in the study.

The study was based on data from the NHIRD released by the National Health Research Institute (NHRI). The National Health Insurance (NHI) program was begun in 1995 and provided comprehensive health care for all Taiwan inhabitants.

Registration for the NHI program is mandatory and currently has more than 23 million people enrolled, which is about 99% of Taiwan's population. NHIRD contains the entire NHI system registry and eligibility data, from demographic data to detailed orders from outpatient and inpatient care.

Recently, hospitalizations for endocarditis have increased significantly in the United States. Adjusted in-hospital mortality and hospitalization costs for endocarditis decreased over time, but total in-hospital spending for endocarditis increased.

Antibiotic prevention was significantly reduced in the medium-risk group and minimal in the high-risk group after the revision of the American Heart Association guidelines. IE-related hospitalizations increased in the three years after revision in both high-risk and medium-risk patients.

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