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Monitoring

ENDOCARDITIS AND PULMONARY-ARTERY CATHETERIZATION Although information obtained through the use of pulmonary-artery catheters may be extremely useful in patient care, there is a concern that endocarditis might result. The authors have reviewed autopsy records over a five-year period (1969-1974) before and after the introduction of pulmonary-artery (PA) catheterization. During a 30-month period preceding the use of PA catheterization, 493 autopsies were performed. Nine cases of left-sided endocarditis and one case of right-sided endocarditis were found. PA catheterization was performed in some patients during the next 30 months. Investigation of 438 autopsies during this period revealed 14 cases of left-sided endocarditis. Twelve were unassociated with catheterization. Two (one

aseptic and one septic) were associated with PA catheterization. On the other hand, ten cases of right-sided endocarditis were found. One of these (aseptic) was not associated with catheterization. Four (two septic and two aseptic) were associated with CVP measurement, and five (four aseptic and one septic) with PA catheterization. These five patients represented 9.3 per cent of the cases in which such monitoring was performed during their terminal hospital course. It is concluded that indwelling catheterization of the pulmonary artery does not pose a risk of left-sided endocarditis, although there is an increased risk of aseptic right-sided endocarditis. (Greene JF, Fitzwater JE, Clemmer TP: *Septic endocarditis and indwelling pulmonary artery catheters*. *JAMA* 233: 891-892, 1975.)