Letters to the Editor

**Infective endocarditis in older people**

SIR—Infective endocarditis masquerading as common infections is another interesting aspect to the case report by Schoevaerdts et al. [1].

In a retrospective audit of over 12,500 admissions in the very elderly (>77 years) over a 5-year period, we could only identify three cases of infective endocarditis, which satisfied the Modified Dukes criteria. It is much less than the 0.8 cases per 1000 admissions (0.08%) found in a recent prospective unselected study of infective endocarditis [2]. Though there has been an upswing in the mean age of infective endocarditis, it continues to be rare in the very elderly despite their vulnerability to infections. The reasons for this paradox are not clear, as there is very little evidence available in the literature for this age group. Even allowing for missed diagnoses due to the rarity of classical clinical and laboratory indicators of infection in this age group [3], the incidence seems to be low.

Mitral valve endocarditis is slightly commoner than aortic valve endocarditis in older patients in the age group 65–80 in contrast to younger population [4]. All three of our patients had mitral valve endocarditis. The fact that none of our patients had aortic valve endocarditis naturally raises the question whether aortic valve endocarditis is even more rare in the very elderly.

Two of our patients had clinical and radiological evidence of pneumonia and the other had evidence of septic arthritis in association with positive blood cultures and the search for dual pathology resulted in the diagnosis of infective endocarditis confirmed by transoesophageal echocardiography. It is possible that in the presence of other infections, the diagnosis of infective endocarditis could be missed.

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