

Table 1. CARDIAC CONDITIONS ASSOCIATED WITH ENDOCARDITIS

Endocarditis Prophylaxis Recommended

High Risk Category

Prosthetic cardiac valves, including bioprosthetic and homograft valves
Previous bacterial endocarditis
Complex cyanotic congenital heart disease (e.g. single ventricle states, transposition of the great arteries, tetralogy of Fallot)
Surgically constructed systemic pulmonary shunts or conduits

Moderate Risk Category

Most other congenital malformations
Acquired valvular dysfunction (e.g. rheumatic heart disease)
Hypertrophic cardiomyopathy (idiopathic hypertrophic subaortic stenosis)
Mitral valve prolapse with valvular regurgitation and/or thickened leaflets*

Endocarditis Prophylaxis Not Recommended

Negligible-Risk Category (no greater risk than the general population)

Isolated secundum atrial septal defect
Surgical repair of secundum atrial septal defect, ventricular septal defect, or patent ductus arteriosus (without residua beyond 6 months)
Previous coronary artery bypass graft surgery
Mitral valve prolapse without valvular regurgitation*
Physiologic, functional, or innocent heart murmurs**
Previous Kawasaki disease without valvular dysfunction
Previous rheumatic fever without valvular dysfunction
Cardiac pacemakers (intravascular and epicardial) and implanted defibrillators

*Individuals who have a mitral valve prolapse associated with thickening or myxomatous degeneration of valve leaflets, or prolapse associated with regurgitant murmurs or ultrasound-demonstrated regurgitation may be at increased risk for bacterial endocarditis, particularly men who are 45 years of age or older, and children.

**Physiologic murmurs can be diagnosed by auscultation only in children, but echocardiography may be required in adults.