

心臟超音波對評估感染性心內膜炎扮演的角色

The Role of Echocardiography in Evaluating Infective Endocarditis

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摘要

評估感染性心內膜炎 (Infective Endocarditis; 簡稱 I.E 心內) 時心臟超音波 (簡稱: 心超) 的角色有 2: 診斷及追蹤。臨床遇到不明原因發燒之病患不管有無心雜音一定要懷疑可能是 I.E., 而需進一步求診斷。杜克診斷基準已將心超列入主要之診斷基準。贅疣的檢出率為 60~70%。實施經食道心超之重要時機是一般的經胸壁心超無法確診, 但臨床仍懷疑時, 或雖已確診, 但要評估是否有心內併發症時。而當有心內併發症時多為手術時機。追蹤乃配合臨床症狀及治療經過做評估。而且包括評估病態變化、手術時機, 尤其是活動期對贅疣大小的變化及瓣輪部膿瘍擴展情況之評估最具價值。

Abstract

The role of Doppler and echocardiography in infective endocarditis (I.E.) are for diagnosis and follow-up. I.E. should be suspected in fever of unknown origin despite whether heart murmur is concomitant. The Duke criteria included echocardiographic examination as one of major criteria. The detection rate of vegetation is 60~70%. Transesophageal echocardiography is suggested for normal transthoracic echocardiography but clinically suspected I.E., or evaluation of intracardiac complication in confirmed case. Surgical intervention is indicated in case with intracardiac complication. Follow-up study included evaluation of morphologic change, the time for surgery, particularly the change of size of vegetation in active phase and the extension of perivalvular invasion. (J Intern Med Taiwan 2004; 15: 93-102)