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sites in 16 countries, the initial merger of existing databases has yielded a primary group of 2200 well characterised patients with definite infective endocarditis by the Duke criteria, allowing the assessment of regional differences in presentation and outcome. Indeed, analysis of the dataset has already enabled valuable insight into emerging epidemiological patterns of the disease and its clinical presentation. In future, this platform will provide the basis for sorely needed adequately sized randomised clinical trials in the management and treatment of infective endocarditis.

The future

Several exciting developments offer the prospect of improved prevention and treatment of infective endocarditis. Vaccines targeted at specific bacterial adhesins may inhibit valve colonisation, and newer antibacterial agents with novel effects may attenuate the invasive properties of virulent organisms such as Staphylococcus aureus. Finally, modified biomaterials in development may reduce the risk of infective endocarditis in patients with artificial heart valves or other intracardiac prosthetic devices.

Contributors: The BMJ approached BDP to write the review. RPB compiled the first draft, and BDP revised it. VKB read the paper to ensure accuracy from an Indian perspective. Competing interests: None declared.

Additional educational resources


**British National Formulary** (www.bnf.org)—Detailed explanation of current prophylaxis recommendations

International Collaboration on Endocarditis (endocarditis.org/ice/index.html)

Information for patients

American Heart Association patient information sheet (www.americanheart.org/-presenter.jhtml?identifier = 4436)—A good basic guide written for non-medical personnel


Patient UK (www.patient.co.uk/showdoc/27000162/—A simple description of infective endocarditis from a UK based site (partially funded by advertisements)

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