### **ETIOPATHOGENESIS AND MORPHOLOGY**



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#### NORMAL MORPHOLOGY OF HEART



# Endocarditis is the inflammation of the endocardium



Myocardium

Pericardium





Depending upon virulence of organism, severity of disease and clinical features



#### Definition

 Infective endocarditis is a microbial infection of the heart valves or mural endocardium that leads to the formation of vegetations composed of thrombotic debris and organisms, often associated with destruction of the underlying cardiac tissue

Bacteria, fungi and other microorganism





• Infective endocarditis is classified on clinical grounds into acute and subacute forms indicating the severity of disease which depends upon the virulence of infecting organism

#### **SUB ACUTE INFECTIVE ENDOCARDITIS**

#### **ACUTE INFECTIVE ENDOCARDITIS**





Pathogenesis

**Predisposing causes** 

- 3 main types of predisposing factors leading to bacterial endocarditis are
  - Underlying heart disease
  - Conditions that causes seeding of microorganisms into the blood (Bacteremia or Fungemia)
  - Impaired host defenses





Other causes - Syphilitic valvular disease, atherosclerotic valvular disease, floppy mitral valve



#### Pathogenesis

**Organisms causing are** 

- 50% to 60% of cases affecting previously damaged or otherwise abnormal valves Streptococcus viridans (normal component of oral cavity flora)
- 20% to 30% of cases affecting healthy or deformed valves Staphylococus aureus
- IE in IV drug abusers Staphylococcus aureus
- Other bacterial causes include Enterococci and HACEK group
  - H Haemophilus
  - A- Actinobacillus
  - C Cardiobacterium
  - E Eikenella
  - K Kingella



Pathogenesis

- Other agents causing endocarditis include Gram negative bacilli and fungi
- In 10% of cases no organism is identified ("Culture negative" endocarditis)
- Causes for the culture negative endocarditis are
  - Prior antibiotic therapy
  - Difficulty in isolating the offending agent
  - Organism is deeply embedded in enlarged vegetation that it cannot be released into blood



#### **Predisposing factors**



Infections of genitourinary tract during procedures like catheterization, cystoscopy, and obstetrical procedures during normal delivery or abortions

Infections and surgeries of bowel and biliary tract



Source of infection	Organisms
Dental procedures	Streptococcus viridans
Drug abuse	Staphylococcus aureus, pseudomonas, candida and enterococci
Previously damaged or otherwise abnormal valves	Streptococcus viridans
Healthy or deformed valves	Staphylococcus aureus
Artificial valves within 60 days	Staphylococcus epidermidis, candida, HACEK
Artificial valves more than 60 days	Staphylococcus aureus and enterococci
IV catheterization	Staphylococcus aureus
Urinary catheter	Enterococci
Colonic cancers or ulceration	Streptococcus bovis
Immunocompromised patients or after antibiotic therapy	Fungi

Culture positive organisms	Culture negative organisms
Staphylococcus aureus	HACEK group
Streptococcus viridans	Aspergillus (fungi)
Staphylococcus epidermidis	Legionella
Enterococci	Coxiella burnetti ( causes Q fever)
Streptococcus bovis	Bartonella (infection from cats)
Fungi - candida	Brucella (unpasteurized milk)
	Coxiella psittaci (infection from birds)
	Tropheryma whipplei (causes whipples disease)

**Predisposing causes** 

**Impaired host defenses** 

- Impaired specific immunity in lymphomas and leukemias
- Cytotoxic therapy for cancer patients and transplant patients
- Deficient functions of neutrophils and macrophages



#### **Pathogenesis**

 Bacteria from blood stream in any of the above mentioned routes are implanted on the cardiac valves or mural endocardium as they have surface adhesion molecules which mediate their adherence to endocardium





Damage to endothelium on valves, favoring the formation of platelet-fibrin thrombi which get infected from circulating bacteria where they proliferate





#### Bacteria proliferate in the platelet fibrin thrombi and form vegetations on valves





Morphology

- Classic hall mark of Infective endocarditis is vegetations on heart valves
- Common sites of vegetations are valves of left heart
  - Aortic and mitral valves
  - Valves of right heart are involved in intravenous drug abusers
- They can be single or multiple and may involve more than one valve
- In SABE, vegetations are found on diseased valves and in ABE, vegetations are found on previously normal valves





Vegetations of subacute endocarditis are associated with less valvular destruction than acute endocarditis



# Location – on the atrial surface of atrioventricular valve and ventricular surface of semilunar valves



Left ventricle



#### Vegetations

Gross

- Size from few mm to several centimetres
- Appearance Flat, filiform, fungating or polypoidal
- Grey-tawny to greenish, irregular, single or multiple and typically friable present along the closure of cusps



Flat vegetations



Filiform vegetations



Fungating vegetations



**Polypoidal vegetations** 



- Vegetations in ABE are bulkier and globular than those of SABE.
- Vegetations in ABE may cause ulceration or perforation of the underlying valve leaflet or may produce ring abscess and myocardial abscess





## **Vegetations - Microscopy**



Underneath this layer is basophilic zone containing colonies of bacteria

Deeper zone – consists of non-specific inflammatory reaction

- Vegetations consists of 3 zones
  - Outer layer or cap
  - basophilic zone
  - Deeper zone
- In SABE there may be granulation tissue (evidence of repair)
- In Acute BE inflammatory infiltrate consists mainly of neutrophils and is accompanied by tissue necrosis and abscess in the valve ring
- In Subacute BE healing by granulation tissue with mononuclear infiltrate and proliferating fibroblast are present



#### **Definition : inflammation of valvular and mural endocardium**



