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Infectious endocarditis treatment is a potentially fatal disease that has undergone significant changes in both the host and pathogen. The epidemiology of infectious endocarditis has become more complicated with today's myriad health-related factors prone to infection. In addition, the change in the incidence of pathogens, especially the more frequent staphylococcus origin, affected the results, which did not improve despite medical and surgical development. Methods and results – This statement updates the 2005 iteration developed by the American Heart Association under the auspices of the Council on Rheumus Fever, Pericardium, and Kawasaki Disease, the Council on Cardiovascular Disease in Young People. This includes an evidence-based system of diagnostic and treatment recommendations used by the American College of Cardiology and the American Heart Association for treatment recommendations. Conclusions-Infectious endocarditis is a complex disease, and patients with this disease usually require treatment from a team of doctors and allied health care providers in a variety of specialties. The recommendations in this document are intended to help treat this rare but potentially fatal infection. However, the clinical variability and complexity of infectious endocarditis treatment dictates that these recommendations are used to support decisions in individual patient treatment and are not replaced. Approved by the Infectious Diseases Society of AmericaThe American Heart Association will do its utily to avoid any actual or potential conflict of interest that may arise as a result of an external relationship, or personal, professional, or business interest of a member of the writing panel. Specifically, each member of the writing group must complete and submit a disclosure questionnaire containing all contacts that can be considered as real or potential conflicts of interest. This statement was made by the American Heart Association's Scientific Advisory and Coordination Committee on 18 December 2015. A copy of the can be accessed by theme or by selecting publish date. To purchase additional reprints, call 843-216-2533 or your email need. com. The American Heart Association requests that this document be referred to as Baddour LM, Wilson WR, Bayer AS, Fowler VG Jr, Tleyjeh IM, Rybak MJ, Barsic B, Lockhart PB, Gewitz MH, Levison ME, Bolger AF, Steckelberg JM, Baltimore RS, Fink AM, O'Gara P, Taubert KA; on behalf of the Committee of the American Heart Association on Cardiovascular Disease, endocarditis and Kawasaki disease. Infectious endocarditis in adults: diagnosis, therapy, and treatment a scientific statement issued to medical professionals of the American Heart Association. Circulation. 2015;132:1435-1486.The expert review of the AHA's scientific declarations is carried out by the AHA's Office of Scientific Operations. For more information about the AHA's statements and click on the Policy and Development link. Permissions: Multiple copies, changes, changes, enhancements, and/or distributions of this document are not permitted without the express permission of the American Heart Association. Instructions for obtaining a licence can be found in section. A link to the Copyright Request form appears on the right side of the page. References1. Duval X, Delahaye F, Alla F, Tattevin P, Obadia JF, Le Moing V, Doco-Lecompte T, Celard M, Poyart C, Strady C, Chirouze C, Bes M, Cambau E, Iung B, Selton-Suty C, Hoen B; AEPEI research team. Temporal trends in the infectious endocardial elite in the context of amendments to the Prophylaxis Guideline: three consecutive population-based surveys. J I'm Coll Cardiol. 2012; 59:1968-1976. doi: 10.1016/j.jacc.2012.02.029.CrossrefMedlineGoogle Scientist2. 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