VALVULAR DISEASE

Does early surgery ‘EASE’ IE outcomes?

Results of the EASE trial have been published in the *New England Journal of Medicine*. On the basis of their findings, the EASE investigators suggest “that early surgery is a valuable therapeutic option to prevent embolism” in patients with left-sided infective endocarditis (IE).

The EASE trial was a prospective, randomized study comparing early surgery (within 48 h of randomization; $n = 37$) with conventional therapy (as per the AHA guidelines; $n = 39$) in patients with IE. According to Dr Duk-Hyun Kang, lead author of the report, randomization was mostly performed within 2 days of definite diagnosis of IE. The trial was conducted in the Asan Medical Center and the Seoul National University Hospital in Korea. Enrolled patients were aged 18–80 years, had severe valvular disease (affecting mitral or aortic valves), but no prosthetic valve, and had left-sided vegetation with diameter >10 mm, but no right-sided vegetations. The mean age of participants was 47 years.

Early surgery was associated with a substantial reduction in in-hospital death

or embolic events within the first 6 weeks (3% vs 23% with conventional treatment; HR 0.10, 95% CI 0.01–0.82, $P = 0.03$)—the primary end point of the trial. The incidence of in-hospital death did not differ between the two groups (1 [3%] in each group), but the number of embolic events within the first 6 weeks did differ (none of those assigned to early surgery and 8 [21%] of the conventional-therapy group experienced such events; $P = 0.005$). Notably, 77% of patients assigned to conventional therapy underwent valve surgery during the initial hospitalization (69%) or during follow-up (8%). However, all primary end points in this group occurred before surgery.

The EASE investigators warn that “the results of our study may not be applicable to low-volume medical centers or to patients with high operative risk.”

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