

The Reply



We thank Dr Watanabe for his interest in our work.¹ To better illustrate the initial presentations and management strategies for our cohort of patients with nonbacterial thrombotic endocarditis (NBTE), a brief summary is shown in the Table.

As highlighted by Dr Watanabe, NBTE often manifests as a cardioembolic event.² Two-thirds of patients (n = 28, 66.7%) presented this way in our study, with the cerebral (n = 25) and coronary circulations (n = 3) being the major targets.¹ Heart failure symptoms and signs at presentation, which were also reported in prior case reports,^{3,4} were observed in 9 of 42 patients (21.4%) in our study.¹ In terms of other presentations, these included vague symptoms or nonspecific signs as described in previous case reports,⁵ such as altered mental status, dizziness, and generalized weakness.

Clinical practice guidelines regarding the surgical management of NBTE are lacking. Management of NBTE should be individualized in the context of underlying disease, and surgical management should be pursued only if there are clear indications for surgery, such as severe valvular dysfunction despite appropriate medical therapy, leading to heart failure, and persistent vegetations leading to recurrent embolism,

Table The Cohort of Patients with NBTE Stratified According to the Initial Presentation and Management Strategy

	Initial Presentation			
	Cerebrovascular accident (n = 25)	Heart failure (n = 9)	Acute coronary syndrome (n = 3)	Other (n = 5)
Conservative management	19 (76%)	7 (77.8%)	2 (66.7%)	4 (80%)
Surgical management	6 (24%)	2 (22.8%)	1 (33.3%)	1 (20%)

NBTE = nonbacterial thrombotic endocarditis.

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after weighing the benefits and risks of surgery.^{2,6} Following multidisciplinary review by the heart valve team, surgical management was pursued in 10 patients (6 patients presented with cerebrovascular accidents; 2 patients with heart failure; 1 with acute coronary syndrome; 1 with other presentation). It should be emphasized that, not only the initial presentation, but perhaps also more importantly, the presence of comorbidities, the risk of complications, and the individual patient's overall prognosis were key determinants of the ultimate management strategy.²

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