

APPENDIX: Comparison of the use of 16S rDNA polymerase chain reaction (PCR) and gene sequencing with microbiological techniques to diagnose infectious endocarditis (IE)

Reference	Number of patients/valves/blood cultures	16S PCR sensitivity/specificity
1	Valve material: 18 IE patients (n=10 IE of aortic valve, n=3 IE of mitral valve and n=2 prosthetic valve IE)	Valve material: 15/18 positive
2	Valve material: 30 IE patients (n=9 definite IE [†] , n=21 controls*) Blood cultures: 47 patients (≥3 sets) (n=18 definite IE, n=3 possible IE, n=26 rejected [†]) (n=5 controls*)	Valve material: 9/29 positive Blood culture: 10/25 positive
3	Valve material/blood culture: n=4 patients definite IE, n=4 patients possible IE [†] (B/Cs from 7, valve extract from 1)	All 16S rDNA positive (<i>Staphylococci</i>), MRSA n=1, MSSA n=3, CoNS n=4
4	Valve material: 2 IE patients (culture negative) plus B/C's	16S PCR V3 primer 100%
5	Whole blood: 51 patients with suspected bacteraemia	Sensitivity 86.7%, specificity 86.9%, PPV 76.5%, NPV 94.1%
6	Valve material: 49 IE patients (n=22 definite IE, n=13 possible IE, n=14 rejected [†])	Sensitivity 82.6%, specificity 100%, PPV 100%, NPV 76.5%
7	Valve material: 52 patients (n=38 suspected IE [†] , n=14 controls*)	21/28 PCR matched blood culture result
8	Valve material: 15 IE patients (n=12 possible IE, n=3 definite IE [†] , total n=17 samples); n=13 controls*	14/15 positive (93%) 13/13 controls negative (100%)
9	Valve material: 46 IE patients (n=36 definite IE, n=10 possible IE [†]); n=25 controls*	24/30 positive
10	Valve material: 8 patients	2/8 positive for organism identified by culture from previous IE
11	Valve material: 98 patients (n=28 definite IE, n=9 possible IE [†] , n=61 controls*)	PCR: Active group: 12/19 positive, Resolved group: 3/9 positive
12	Valve material: 51 patients suspected IE [†] (n=52 samples); n=16 controls*	Sensitivity 41.2%, specificity 100%, PPV 100%, NPV 34.8%
13	Valve material: 238 patients (total n=245 samples; n=127 from IE patients – n=98 definite IE, n=29 possible IE [†] , n=118 controls*) plus B/Cs	Sensitivity 61%, specificity 100%, PPV 100%, NPV 74%
14	Valve material: 147 IE patients [†] (n=156 valves), B/Cs 3 sets/patient	Group 1: 76/126 positive (60%) Group 2: 11/30 positive (37%)
15	Valve material: 56 IE patients (n=36 definite IE, n=2 possible IE, n=18 rejected IE [†]) plus B/Cs	Sensitivity 65.8%, specificity 100%, PPV 100%, NPV 58%
16	Valve material: 35 definite IE patients [†] (n=48 samples); 120 controls* (n=129 samples)	Sensitivity 96%, specificity 95.3%, NPV 98.4% and PPV 88.5%
17	Valve material: n=71 valves from IE patients (42 IE episodes [†]); n=1,030 valves from controls* (total valves n=1,101)	Valve tissue 34/37 positive
18	Valve material: 74 patients (n=57 definite IE, n=7 possible IE, n=10 rejected [†]); n=16 controls*	Sensitivity 72%, specificity 100%

Key: B/Cs = blood cultures; PPV = positive predictive value; NPV = negative predictive value; MRSA = methicillin resistant *Staph. aureus*; MSSA = methicillin-sensitive *Staph. aureus*; CoNS = coagulase-negative *Staphylococci*

*Valves replaced due to non-infective indication

†Classified according to the Dukes criteria

Two sets of 16S primers were used in this study: one targeting V3 region and one targeting V4-V7 regions;⁴

Eight patients undergoing valve replacements following a previous episode of IE;¹⁰

Of the 28 definite IE, 19 had surgery before end of antibiotic treatment – active group, 9 had surgery after antibiotics – resolved group;¹¹

Group 1: 126 patients receiving antibiotics at the time of surgery; Group 2: 30 patients with a history of IE who had completed antibiotic therapy before surgery;¹⁴

PCR performed on all excised valves in first 9 months of study, PCR only performed on valves with a positive culture or on clinical suspicion of IE in remaining 27 months of study¹⁷

Appendix References

1. Goldenberger D, Kunzli A, Vogt P, Zbinden R, Altwegg M. Molecular diagnosis of bacterial endocarditis by broad-range PCR amplification and direct sequencing. *J Clin Microbiol* 1997;**35**:2733–9.
2. Millar B, Moore J, Mallon P *et al*. Molecular diagnosis of infective endocarditis – a new Duke's criterion. *Scand J Infect Dis* 2001;**33**:673–80.
3. Moore J, Millar B, Yongmin X *et al*. A rapid molecular assay for the detection of antibiotic resistance determinants in causal agents of infective endocarditis. *J Appl Microbiol* 2001;**90**:719–26.
4. Qin X, Urdahl K. PCR and sequencing of independent genetic targets for the diagnosis of culture negative bacterial endocarditis. *Diagn Microbiol Infect Dis* 2001;**40**:145–9.
5. Rothman R, Majmudar M, Kelen G *et al*. Detection of bacteremia in emergency department patients at risk for infective endocarditis using universal 16S rRNA primers in a decontaminated polymerase chain reaction assay. *J Infect Dis* 2002;**186**:1677–81.
6. Bosshard P, Kronenberg A, Zbinden R, Ruef C, Bottger E, Altwegg M. Etiologic diagnosis of infective endocarditis by broad-range polymerase chain reaction: a 3-year experience. *Clin Infect Dis* 2003;**37**:167–72.
7. Gauduchon V, Chalabreysse L, Etienne J *et al*. Molecular diagnosis of infective endocarditis by PCR amplification and direct sequencing of DNA from valve tissue. *J Clin Microbiol* 2003;**41**:763–6.
8. Grijalva M, Horvath R, Dendis M, Erny J, Benedik J. Molecular diagnosis of culture negative infective endocarditis: clinical validation in a group of surgically treated patients. *Heart* 2003;**89**:263–8.
9. Podglajen I, Bellery F, Poyart C *et al*. Comparative molecular and microbiologic diagnosis of bacterial endocarditis. *Emerg Infect Dis* 2003;**9**:1543–7.
10. Lang S, Watkin R, Lambert P, Littler W, Elliott T. Detection of bacterial DNA in cardiac vegetations by PCR after the completion of antimicrobial treatment for endocarditis. *Clin Microbiol Infect* 2004;**10**:579–81.
11. Lang S, Watkin RW, Lambert PA, Bonser RS, Littler WA, Elliott TSJ. Evaluation of PCR in the molecular diagnosis of endocarditis. *J Infect* 2004;**48**:269–75.
12. Brietkopf C, Hammel D, Scheld H, Peters G, Becker K. Impact of a molecular approach to improve the microbiological diagnosis of infective heart valve endocarditis. *Circulation* 2005;**111**:1415–21.
13. Greub G, Lepidi H, Röver C *et al*. Diagnosis of infectious endocarditis in patients undergoing valve surgery. *Am J Med* 2005;**118**:230–8.
14. Röver C, Greub G, Lepidi H *et al*. PCR detection of bacteria on cardiac valves of patients with treated bacterial endocarditis. *J Clin Microbiol* 2005;**43**:163–7.
15. Kotilainen P, Heiro M, Jalava J *et al*. Aetiological diagnosis of infective endocarditis by direct amplification of rRNA genes from surgically removed valve tissue. An 11-year experience in a Finnish teaching hospital. *Ann Med* 2006;**38**:263–73.
16. Marin M, Munoz P, Sanchez M *et al*. Molecular diagnosis of infective endocarditis by real-time broad-range polymerase chain reaction (PCR) and sequencing directly from heart valve tissue. *Medicine* 2007;**86**:195–202.
17. Munoz P, Bouza E, Marin M *et al*. Heart valves should not be routinely cultured. *J Clin Microbiol* 2008;**46**:2897–901.
18. Voldstedlund M, Pedersen L, Baandrup U, Klaaborg K, Fuursted K. Broad-range PCR and sequencing in routine diagnosis of infective endocarditis. *APMIS* 2008;**116**:190–8.