



## Letter to the Editor

**B-type natriuretic peptide in infective endocarditis**

We have greatly enjoyed reading the recently published manuscript by Siciliano et al. entitled "Incremental value of B-type natriuretic peptide for early risk prediction of infective endocarditis".<sup>1</sup> We thank them for sharing their experience; however, we have some concerns about the article. The mortality associated with infective endocarditis (IE) is relatively high, and a rapid diagnosis and prediction of prognosis is essential to facilitate effective treatment. However, identifying patients at increased risk of adverse outcomes is challenging in IE due to the broad spectrum of the cardiac pathology and infecting microorganisms. Several biomarkers have been examined for their efficacy to predict outcome and assess prognosis of IE patients. Two previous pilot studies showed that B-type natriuretic peptide (BNP) levels obtained on admission are significantly higher in patients with IE who died as compared to survivors.<sup>2,3</sup> Siciliano and colleagues also provided incremental values of BNP levels obtained on admission for the early risk prediction of in-hospital mortality in an unselected patient population with IE. However, the major drawbacks of the study are the observational design and the lack of systematic collection of BNP data on all enrolled subjects. As the clinical and laboratory differences between patients with and without BNP measurements are not mentioned, there may be a selection bias among study subjects. Kahveci and Shiue found that the addition of troponin to BNP provided incremental prognostic value, and patients with IE who had concomitant elevations of troponin and BNP were at particularly high risk for poor outcomes.<sup>2,3</sup> Moreover, none of the patients with either BNP or troponin elevation experienced the primary end points in both studies. Therefore, we would be grateful if the authors have and

would provide the data regarding troponin levels on admission in patients with IE.

**References**

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