

SUPPLEMENTARY DATA

Table 1 of the supplementary data

Epidemiological, clinical and imaging findings of patients with isolated bioprosthetic valvulitis

Patient	1	2	3	4	5	6	7	8	9	10	11
Age	78	71	66	61	80	74	69	87	66	81	78
Sex	Male	Male	Male	Male	Male	Male	Male	Female	Female	Female	Male
Type of valve	SAVR	SAVR	SAVR	SAVR	SAVR	SAVR	SAVR	SAVR	SAVR	SAVR	TAVR
Valve model	St Jude Trifecta	Edwards Perimount	Sorin Mitroflow	Sorin Crown	Edwards Perimount	Edwards Perimount	St Jude Trifecta	Enable	-	Sorin Mitroflow	Sapien 3
Time from valve surgery to diagnosis, mo	70	39	33	46	119	59	10	90	29	40	19
Blood cultures	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive
Microorganism	<i>Staphylococcus epidermidis</i>	<i>Enterococcus fecium</i>	<i>Streptococcus gallolyticus</i>	<i>Streptococcus sanguinis</i>	<i>Staphylococcus epidermidis</i>	<i>Staphylococcus aureus</i>	<i>Streptococcus gallolyticus</i>	<i>Staphylococcus epidermidis</i>	<i>Streptococcus sanguinis</i>	<i>Enterococcus fecalis</i>	<i>Enterococcus fecalis</i>
Embolism	No	Coronary embolus	No	No	No	Central nervous system	No	No	No	No	No
Fever	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis status (before surgery)	Possible	Definite	Definite	Possible	Possible	Definite	Possible	Possible	Definite	Possible	Possible
Valve stenosis	Severe	No	Severe	Severe	No	Moderate	Moderate	Severe	Moderate	Moderate	Moderate

Mean aortic gradient, mm Hg	35	18	40	41	13	26	27	37	26	27	27
Valve regurgitation	No	No	No	No	Mild	No	No	No	Mild	Moderate	No
Maximum leaflet thickness (mm)	5	6	7	7	7	5	5	8	5	7	15
Maximum leaflet thickness (mm) at follow-up TEE	-	1	-	3	7	-	-	6	4	5	5
PET/CT scan	Not performed	Spondylodiscitis	Prosthesis uptake	Not performed	Not performed	Not performed	Not performed	Not performed	Prosthesis uptake	Not performed	Negative
Criteria for surgery	No	No	Persistent infection	No	Persistent infection	No	Persistent infection	Heart failure	No	No	No
Surgery	No	No	Yes	No	Yes	No	Yes	No	No	No	No
In-hospital mortality	Yes	No	No	No	No	Yes	No	No	No	No	No
1-year mortality	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No
Cause of death	COVID-19 pneumonia	Bilateral pneumonia	-	-	Bacteremia with ulcer origin	Intracranial hemorrhage	-	-	Colon malignancy	Unknown	-

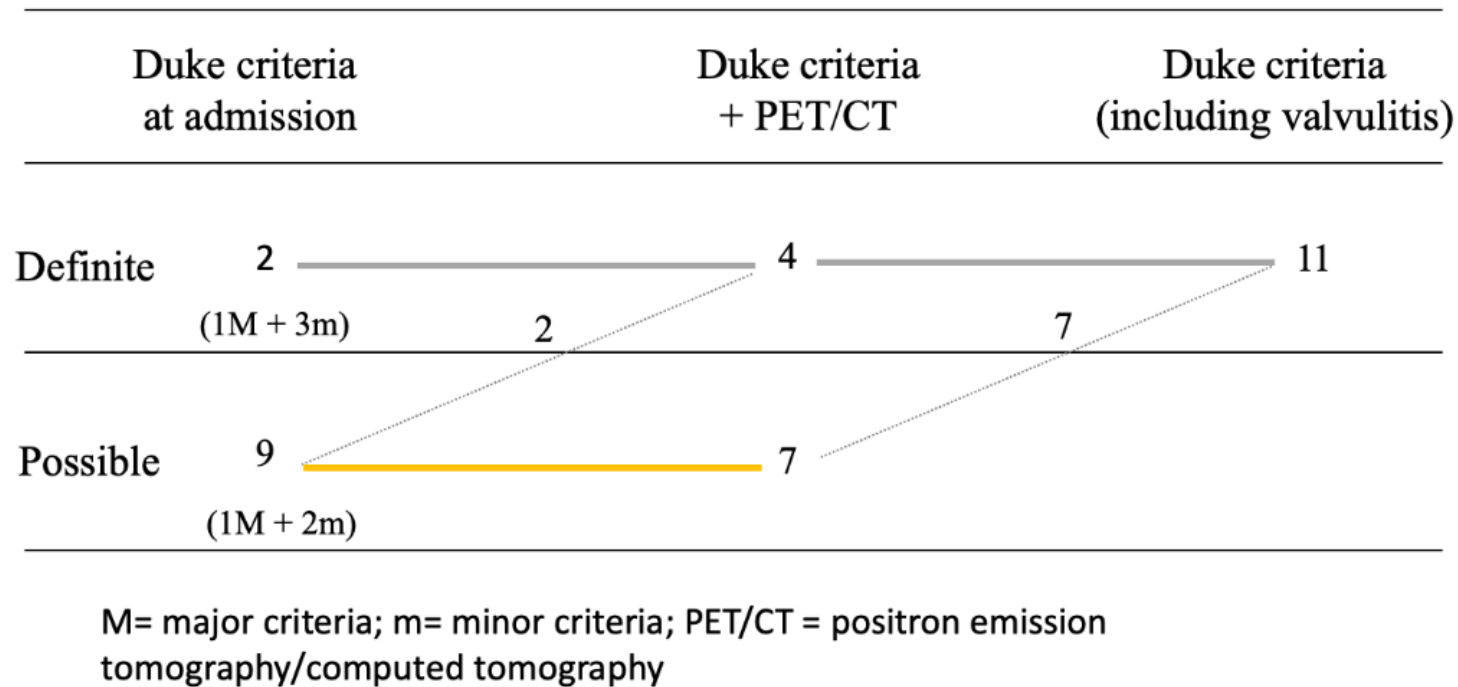
ESC, European Society of Cardiology; ¹⁸F-FDG, ¹⁸F-fluorodeoxyglucose; IE, infective endocarditis; PET/CT, positron emission tomography/computed tomography; SAVR, surgical aortic valve replacement; TAVR, transcatheter aortic valve replacement; TEE: transesophageal echocardiography.

Description of the main epidemiological, clinical, and imaging findings of 11 patients with valvulitis and no other echocardiographic signs of IE. Diagnosis status corresponds to the criteria for the diagnosis of IE according to the ESC 2015 IE guidelines, including ¹⁸F-FDG PET/CT. Maximum leaflet thickness (mm) was measured using a 135° long-

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axis TEE view. PET/CT scan refers to the presence of ¹⁸F-FDG pathological uptake in the 4 cases in which it was performed. Criteria for surgery was defined according to the ESC 2015 IE guidelines.

Figure 1 of the supplementary data. Impact of valvulitis as a major criterion in patient classification



The change in diagnostic status of 11 patients with valvulitis according to Duke criteria is shown. At admission, 2 patients had “definite” IE based on 1 major and 3 minor criteria. Four patients had “definite” IE including PET/CT. All patients would have had “definite” IE if valvulitis had been considered a major echocardiographic criterion. M, major; m, minor; PET/CT, positron emission tomography/computed tomography.