Nuclear imaging in the diagnosis of infective endocarditis

We agree with the conclusions established by Mahmood et al.¹—that PET/CT is a useful adjunctive diagnostic tool in the evaluation of infective endocarditis (IE), especially involving prosthetic valve(s). They also stated PET/CT has the potential to detect clinically relevant extracardiac foci of infection and may result in more appropriate management decisions.

Another modality of nuclear imaging—white cell scans—is recognized in the current guidelines of the European Society of Cardiology² as being more specific in the diagnosis of IE. It is not as likely to yield non-specific sternal radiotracer uptake in patients who have recently undergone cardiac surgery. Further, a number of pathological conditions can mimic the pattern of focally increased fluorodeoxyglucose uptake that is typically observed in IE, such as active thrombi, soft atherosclerotic plaques, vasculitis, primary cardiac tumors, cardiac metastasis from a non-cardiac tumor, post-surgical inflammation, and foreign body reactions.

In addition, it is more easily available in many centers—especially those (such as ours) which does not have PET/CT available. Do the authors of this meta-analysis have any relevant information on the use of white cell scintigraphy in this context?

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