We read with interest Drs Tleyjeh’s and Baddour’s comment on our recent paper [1, 2]. We acknowledge their concern regarding the nonsignificant higher adjusted risk of death among patients with early valve replacement during infective endocarditis (IE). As stated in the manuscript, the results should be interpreted cautiously given the limitations of the study and possible hidden confounders.

The authors of the comment also suggest examining the impact of early surgery in the entire cohort (medical and surgical) of IE patients with stroke. We appreciate this suggestion and will present our analysis at the 12th InterScience Conference on Cardiovascular and Infectious Diseases this year.

In conclusion, according to our observational study, there was no clear finding that early surgery was associated with higher in-hospital mortality in IE. We agree that additional, larger studies are needed to better define the appropriate timing of surgery in IE with or without major complications such as stroke.

Note

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Bruno Baršić, Andrew Wang, and Vivian H. Chu

1Department for Neuroinfectiology and Intensive Care Unit, School of Medicine, Hospital for Infectious Diseases, University of Zagreb, Croatia; and 2Duke University, Durham, North Carolina

**References**


Correspondence: Bruno Baršić, MD, PhD, University of Zagreb, School of Medicine, Hospital for Infectious Diseases, Mirogoj-ska 8, Zagreb 10000, Croatia (bruno.barsic@bfm.hr).

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