Reply to Biteker et al

TO THE EDITOR—We thank Biteker et al for their comments [1]. Our study was not designed to determine the best timing of surgery in Staphylococcus aureus prosthetic valve infective endocarditis. Let us specify that we did not evaluate the benefit of surgery performed in the first 7 days of antibiotic therapy. We defined “early valve surgery” as a valve surgery performed during the hospital stay for infective endocarditis, according to the definition used in the most recent studies on this subject. We showed that in the postoperative period (7 days), the potential benefit of surgery was counterbalanced by the postoperative mortality.

Our objective was to study the benefit of surgery in terms of mortality in S. aureus prosthetic valve infective endocarditis. We did not study the factors associated with outcome (eg, vegetation sizes).
The most important message is that our data, as well as others’, provide no evidence to support the routine and systematic resort to valve surgery in patients with prosthetic valve infective endocarditis, including that caused by *S. aureus* [2, 3].

**Note**

**Potential conflicts of interest.** All authors: No potential conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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