Screening Algorithm to Perform Transesophageal Echocardiography in Patients With *Staphylococcus aureus* Bacteremia

To the Editor—In their cohort study of patients with *Staphylococcus aureus* bacteremia, Palraj et al [1] propose a screening algorithm to guide the use of transesophageal echocardiography (TEE) to diagnose endocarditis. We are puzzled by the suggested screening sequence for days 1 and 5. The presence of a cardiovascular implantable electronic device (CIED) or community onset yielded 2 or 3 points, each based on the statistical models performed. The authors suggest that patients with <4 points on day 1 should undergo deferred TEE, be reevaluated on day 5, and, if then found to have ≥2 points, undergo TEE. However, because the presence of CIED and community onset is known already on day 1 and will yield ≥2 points, these patients can be referred for TEE promptly. For patients without CIED and with healthcare or nosocomial onset (with the proposed cutoff of ≥2 points on day 5), prolonged bacteremia will then determine if they should be referred to TEE.

Our questions refer to the patients who already have ≥2 points at day 1. First, is the 2-staged algorithm for referral to TEE based on the assumption that the sensitivity of TEE is influenced by the time from onset of bacteremia? Second, can Palraj et al clarify how removal of the CIED [2] influences the 2-staged algorithm?

Note

*Potential conflict of interest.* Both authors: No reported conflicts.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest.

References
