

- **prosthetic heart valve**
- **complex cyanotic congenital heart disease**
- **surgically constructed systemic pulmonary shunts or conduits**

Important: The 2007 AHA Infective Endocarditis Guidelines specifically **no longer recommend** that patients with **MVP (mitral valve prolapse) be premedicated, whether or not they have regurgitation or thickened valve leaflets**, nor does it recommend premedicating for heart murmurs.

The report says, "MVP is the most common underlying condition that predisposes to acquisition of infective endocarditis (IE) in the Western world; however the absolute incidence of IE is extremely low for the entire population with MVP, and is not usually associated with a grave outcome. Thus, IE prophylaxis is no longer recommended (AHA underlining) for this group."

Cardiac Conditions Stratification for Risk of Endocarditis

Endocarditis Prophylaxis Recommended	Endocarditis Prophylaxis Not Recommended
High Risk	Negligible Risk
Prosthetic heart valves	Isolated secundum atrial septal defect
Surgically constructed systemic pulmonary shunts or conduits	Surgical repair of atrial septal defect, ventricular septal defect, or patent ductus arteriosus
Complex cyanotic congenital heart disease	Prior coronary artery bypass graft
Prior bacterial endocarditis	Mitral valve prolapse
Moderate Risk	Physiologic, functional, or innocent heart murmurs
Most other congenital cardiac malformations	Previous Kawasaki disease without valvular dysfunction
Acquired valvular dysfunction	Previous rheumatic fever without valvular dysfunction
Hypertrophic cardiomyopathy	Cardiac pacemakers and implanted defibrillators
	Mitral valve prolapse with regurgitation and/or thickened leaflets