



CASE REPORT // IMAGE FOCUS

CARDIOLOGY // IMAGING

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Huge Vegetation on Aortic Valve in a Young Patient with Infective Endocarditis Caused by *Enterococcus Faecalis*

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ARTICLE HISTORY

Received: 20 August, 2016 Accepted: 15 September, 2016 A 46-year-old male patient, without any previous history of cardiovascular events, was admitted to our emergency department presenting fever, dyspnoea, tachypnea, weakness, diaphoresis, chest pain, started 7 days before presentation. On physical examination, the patient presented fatigue, monocular blindness after a recent retinian embolic event, fever of 39° C, blood pressure 115/70 mmHg, heart rate 110/min and a respiratory rate of 20/min. Further examination revealed a pansystolic murmur over the cardiac area and pulmonary crackles. Laboratory tests revealed severely elevated white blood cells count (23,600/ml), anemia (hemoglobin 9.6 g/dl), C-reactive protein >30 mg/dl, renal dysfunction (blood urea 7.5 mmol/l, creatinine 175 µmol/l) and abnormal liver function (AST/ALT 136/218 IU).

Transthoracic echocardiography (Panel A) revealed a huge (27/17 mm) polycyclic mass attached to the aortic valve, an oscilating structure with extension in the ascending aorta, and also a moderate aortic regurgitation. Transesophageal echocardiography (Panel B) indicated severe aortic regurgitation associated with multiple microabcesses on the aortic valve and the ascending aorta.

Repeated blood culture indicated the presence of Vancomycin-sensitive *Enterococcus facealis*, and high-dose antibiotic treatment was initiated. Following antibiotic treatment the pacient experienced a favorable evolution, with fever remission and improvement of dyspnoe and fatigue. Unrecognized and untreated infective endocarditis is a severe disease, due to the different severe complications such as valve distruction, intracardiac abscesses, embolic events, acute heart failure.^{1–3} The images revealed by transthoracic or transesophagian echocardiography are in line with major Duke diagnostic criteria. In the majority of cases, such as in our case, the definitive treatment is surgical intervention.⁴

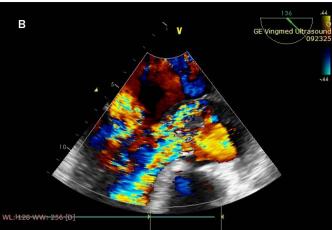
CONFLICT OF INTEREST

Nothing to declare.

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