



Contents lists available at ScienceDirect

Journal of Indian College of Cardiology

journal homepage: www.elsevier.com/locate/jicc



Abstract

Infective endocarditis involving multiple sites

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ARTICLE INFO

Article history:
Available online xxx

ABSTRACT

- Infective endocarditis is heavily influenced by epidemiology of infection. IE usually involves single or two valves, here we present a case 27-year-old male with acute IE involving multiple sites which is extremely uncommon.
- Global burden of IE is largely unknown.
- IE is a heterogeneous syndrome that is heavily influenced by epidemiology of infection.

1. Predisposing cardiac conditions

- Valvular heart disease.
- Native valve IE (72%) followed by prosthetic valve IE (21%).
- Regurgitant lesions are more prone than stenotic lesions.
- MR due to degenerative MVP is more common than rheumatic MR.
- 2nd most common lesion is AR.

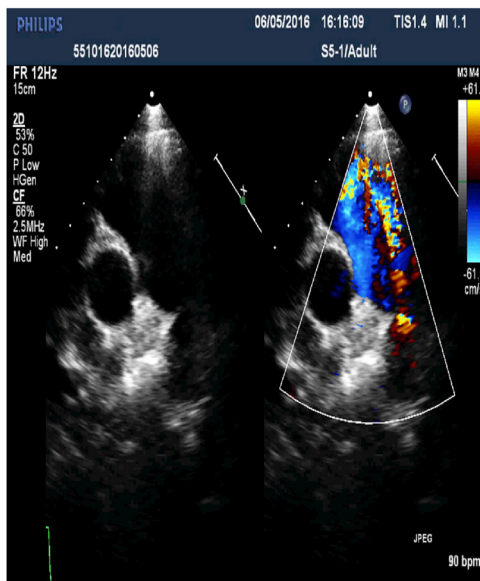
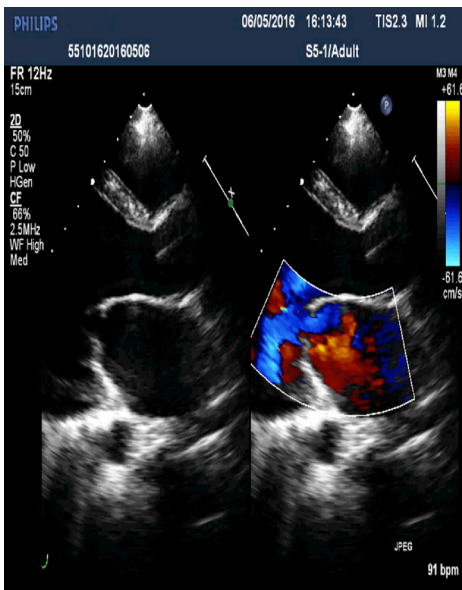
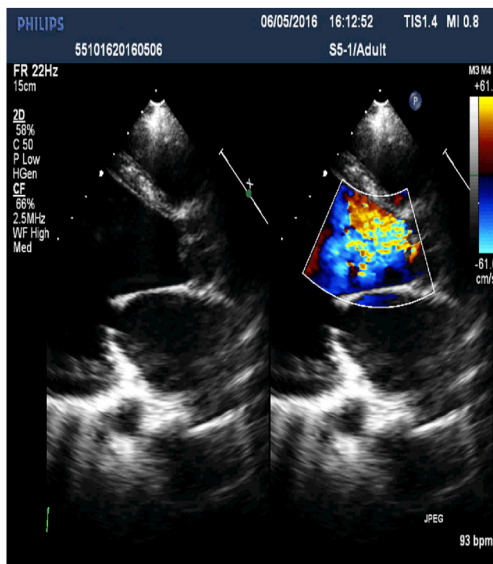
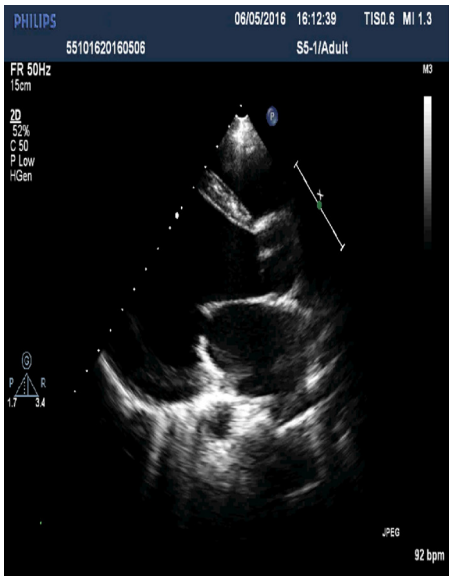
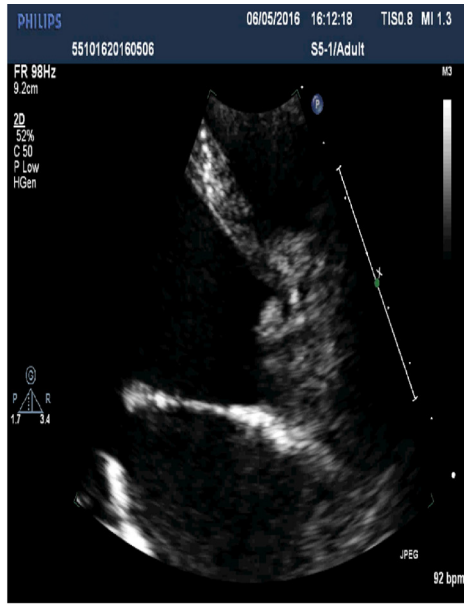
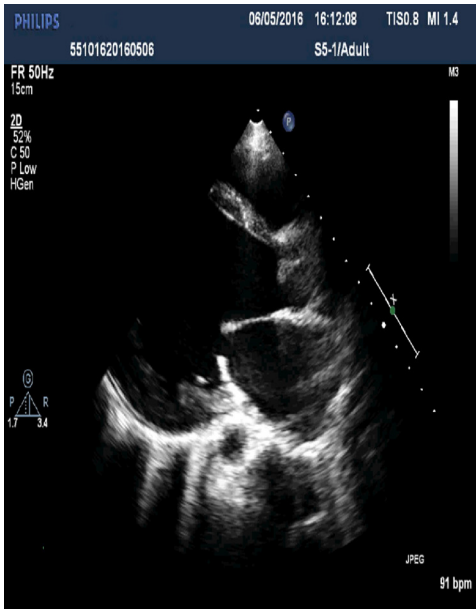
2. Congenital heart disease

- Unrepaired VSD is most frequently involved followed by left ventricular outflow tract obstructive lesions such as TOF.
- Others are PDA, unrepaired cyanotic congenital heart diseases.
- Ashok Barman 27-year-old male presented with.
- On and off fever since 2 months.
- Dyspnoea class NYHA class II since 2 months.
- BP → 110/70 mmHg, PR → 120 bpm.

- Hb 7.5 g/dl, TLC → 10,600.
- Culture showed α hemolytic streptococci.
- CVS → continuous murmur in left infra clavicular area.
- PSM in mitral area.

2.1. 2D echo

- Showed PDA with L → R shunt
- Severe mitral regurgitation
- Moderate AR
- Normal biventricular function
- Mobile vegetations were seen on
 - Posterior mitral leaflet
 - Non coronary cusp of aortic valve
 - Pulmonary valve
 - Pulmonary artery
 - Mouth of PDA



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