An insidious case of infective endocarditis

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Introduction

Infective endocarditis is an inflammation of the inner tissue of the heart, the endocardium, usually the valves, caused by infectious agents especially bacteria. Staphylococcus Aereus followed by Streptococci of the viridians group are the most common organisms responsable for it. **Abiotrophia defectiva**, a viridans streptococco, is a member of the normal flora of the oral cavity, the urogenital and intestinal tracts. It has a proportion of 2% in infective endocarditis aetiology. It has a slow and insidiuos progression causing much higher rates of failure, relapse and mortality than those due to other viridans streptococci. **Intracerebral haemorrhage** occurs in about 5% of patients with infective endocarditis as the result of a spectrum of arterial injury.: 1) ruptured mycotic aneurysms, even when no aneurysm is demostrable 2) septic erosion of the arterial wall with rupture but without a well-delineated aneurysm 3) haemorrhagic transformation of ischemic brain infarcts.

Case Report

47 year old male admitted in our department with sudden headache. The MRI showed an ***intraparenchymal haematoma*** in the right parietal lobe and the angioCT was negative for vessels anomaly. The neurological exam was normal. The patient haven't any heart condition, he didn't undergo dental procedures, he doesn't use any drugs or take any medication. He reported weight loss and intermittent fever in the past two weeks. As the fever continues we performed blood cultures, all positive for a Viridans Streptoccoco, ***Abiothrofia Defectiva***. The transthoracic echocardiography was normal and after 10 days of therapy with Ceftriaxone the patient was discharged.

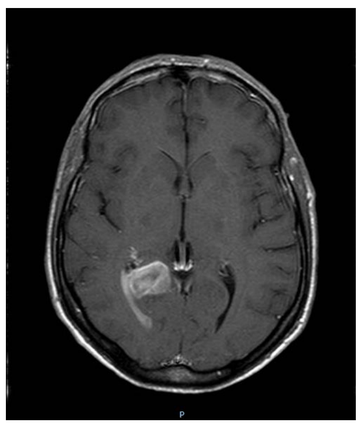

Fig1- MRI T1 GD, axial scan

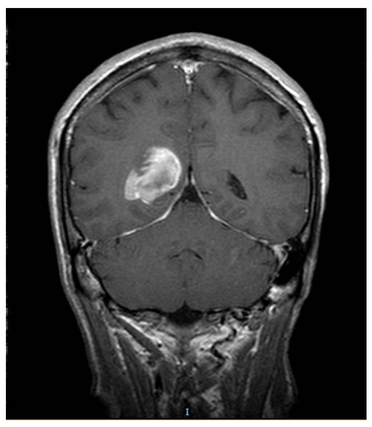

Fig2- MRI T1 GD, coronal scan

EMOCOLTURA ANAEROBI (DA VP) :

Materiale: Sangue Intero
Isolati: 1 **Abiotrophia defectiva**

	Abiotrophia defectiva	
Ampicillina	<=0.25	S
Cefotaxime	<=0.12	S
Ceftriaxone	<=0.12	S
Clindamicina	<=0.25	S
Penicillina G	<=0.06	S
Vancomicina	0.5	S

Fig3-blood cultures

A month later the patient came back to performe a follow-up MRI. The exam showed the presence of two ***new intracerebral haematomas*** in the right temporal lobe which were asymptomatic and the patient was admitted again in our ward. Another transthoracic echocardiography was performed and showed a 1.0x1.2 cm ***mobile vegetation*** on the anterior leaflet of the mitralic valve. A total body CT showed a splenic and a kidney infarction. As the infectious diseases specialist according to the antibiogram suggests, we started treatment with Ceftriaxone and Ampicilline/Sulbactam and the patient was moved to the infective disease ward.

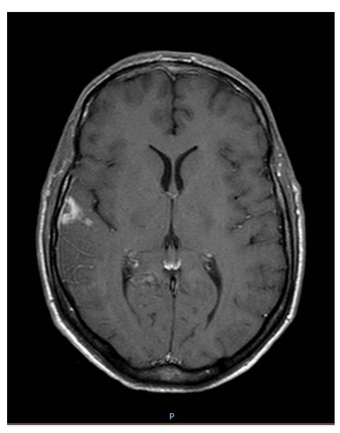

Fig4- MRI T1 GD, axial scan

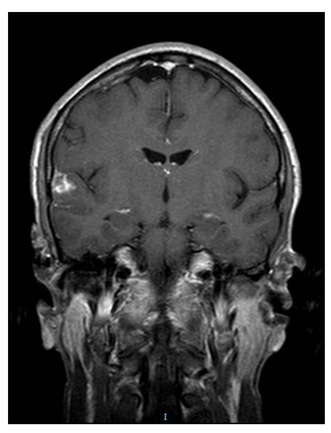

Fig5- MRI T1 GD, coronal scan

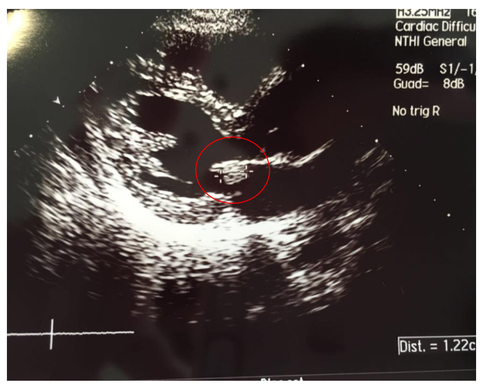

Fig6– Transthoracic echocardiography

Conclusion

Our report emphasized clinical manifestation of intracerebral haemorrhage as possible presentation of infective endocarditis. Clinicians should be aware of it in order to ensure prompt recognition and treatment of this severe condition. Furthermore, to the best of our knowledge, there are only few reports of infective endocarditis due to Abiotrophia Defectiva.

Bibliography

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