

Mitral Valve Vegetation on Bedside Ultrasound Prompts Early Management of Endocarditis with Multiorgan Embolic Disease

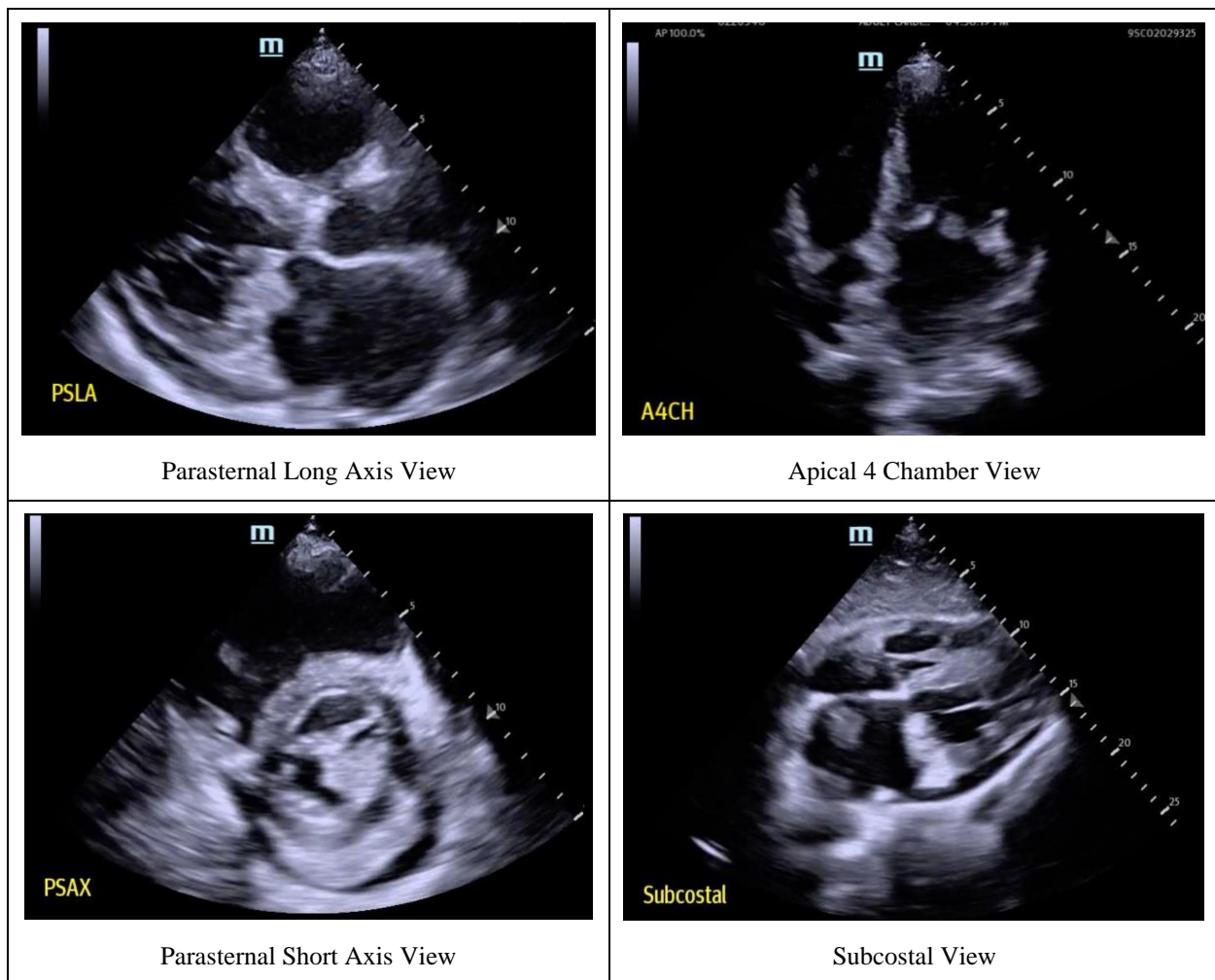
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Clinical Image

52 year old male significant PMHx of alcohol use disorder, hypertension presented with to the emergency department for evaluation of abdominal pain for one month, weakness/fatigue, intermittent fevers for the past week as well as night sweats, lumbar back pain, urinary incontinence. Patient reported he was diagnosed with a "heart bubble " some time ago at an outside hospital but was lost to follow-up. He had prior intravenous drug use history but had quit many years ago. Patient febrile, tachycardic and hypotensive requiring pressors. He was frail and diaphoretic on exam with diffuse abdominal and midline lumbar tenderness. White blood cell count 23.3. Lactic acid 2.4. Troponin 634. EKG with sinus tachycardia without ischemic changes. Bedside echocardiogram showed vegetations on the mitral valve. Computed tomography of the abdomen/pelvis showed multiple splenic infarcts and MRI lumbar spine showed abscess anterior to L1-L2 with discitis and osteomyelitis. These findings were concerning for endocarditis with multiorgan embolic disease. Patient discussed with infectious disease and started on vancomycin and cefepime.