

Bio-prosthetic Tricuspid Valve Endocarditis

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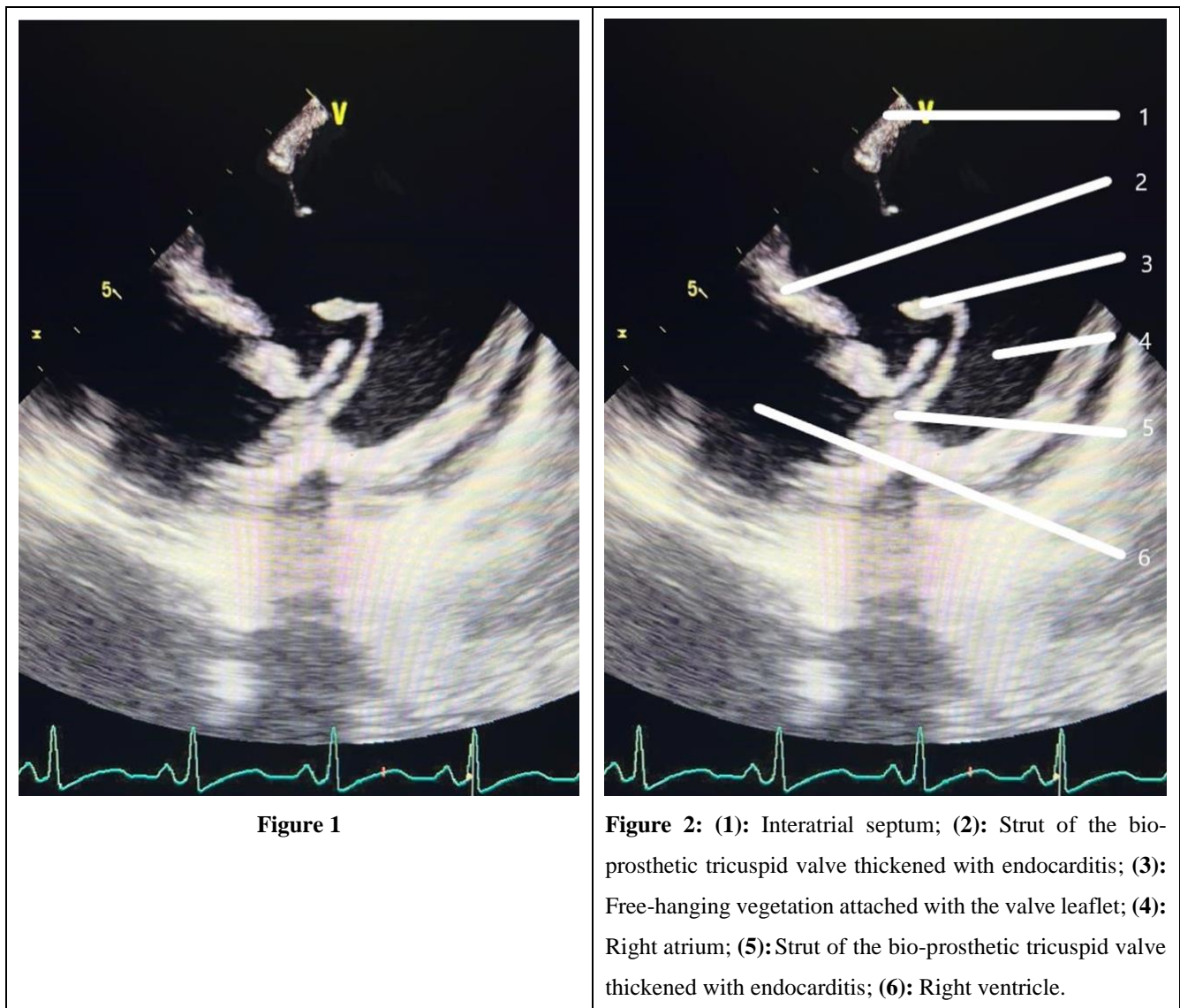
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Clinical Image

Abstract

A 34-year old African American man with a history of infective endocarditis requiring a bio-prosthetic tricuspid valve presented to the hospital with fever, chills and dyspnea of 4 weeks duration. Transesophageal echocardiogram showed severe endocarditis engulfing the entirety of the bio-prosthetic tricuspid valve with a large free-hanging vegetation. There was evidence of significant tricuspid stenosis. Non-surgical management was pursued and patient showed clinical improvement with culture specific intravenous antibiotics.

Keywords: Endocarditis; Tricuspid Valve; Infective endocarditis

Description

A 34-year-old African American man presented to the hospital with fever, chills and dyspnea for 4 weeks. He admitted to continued intravenous drug use despite a history of infective endocarditis requiring bio-prosthetic tricuspid valve replacement one year ago. Physical examination revealed tachycardia, heart murmur and lower extremity edema. Laboratory investigations showed leukocytosis and elevated C-reactive protein. Intravenous antibiotics were administered and patient underwent transesophageal echocardiogram (TEE). TEE showed remarkably thickened sewing cuff and struts of the valve (33 mm Epic bio prosthesis) with endocarditis and a prominent free-hanging vegetation attached to the valve leaflet. There was restriction of valve movement and reduction of valve area indicating tricuspid stenosis due to severe infective endocarditis. Despite heavily infected valve, non-surgical management was pursued due to active intravenous drug use. Blood cultures grew *Enterococcus Faecalis* group D. Patient showed clinical improvement with organism specific intravenous antibiotics and blood cultures turned sterile.