

Native valve endocarditis: a case report

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Infective endocarditis is a challenging diagnosis which is comparatively more common in developing countries. Without treatment the mortality approaches 100% and even with treatment there is a significant morbidity and mortality.

The case presented here is of a 43 year old male who was found to have mild aortic valvular disease 6 months back. He presented with a 3 week history of fever, drenching night sweats and multiple large joint pain. On admission he had an early diastolic murmur and splenomegaly. Investigations confirmed the diagnosis of bacterial endocarditis. He was managed with IV antibiotics (C. penicillin and Gentamicin). Even though he was improved clinically, the following discharge he presented again with a 2D-echocardiogram report revealed the persistent vegetation. He was then started on IV gentamicin and ceftriaxone which contributed to improvement of his condition.

Appropriate management and close monitoring until full recovery is essential in patients with infective endocarditis in order to prevent serious complications such as congestive heart failure, periannular abscesses, myocardial infarction, and systemic embolization. Even after these patients improve and recover clinically, the vegetation might persist as in the case of our patient. This highlights the necessity of taking follow-up action with investigations in patients diagnosed with infective endocarditis.