

From kidney stone to cardiogenic shock: a case of complicated endocarditis

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Introduction: Endocarditis is devastating disease with unpredictable clinical course, high morbidity and mortality.¹ We are witnessing increase in incidence and severity of clinical picture due to comorbidities and rising proportion of invasive and multiresistant pathogens.

Case report: 62-year-old male with diabetes, hypertension and known kidney stone was admitted due to urosepsis and pyelonephros. 12-lead ECG upon arrival revealed sinus tachycardia with heart rate dependent right bundle branch block. Besides septic inflammatory parameters, laboratory results showed significant rise in high-sensitive troponin. Patient had no chest pain, but relative left ventricle longitudinal strain reduction and moderate aortic stenosis were found. After initial stabilization and targeted antimicrobial therapy (*E. faecium* isolated from blood culture) patient was referred to angiography showing significant right coronary artery stenosis and 1 drug-eluting stent was successfully implanted. Afterwards renal abscess was percutaneously drained enabling postponement of nephrectomy for minimum duration of dual antiplatelet therapy. Operation was done but the patient remained subfebrile with elevated inflammatory parameters during urology follow-up despite persistent antimicrobial therapy. Finally, he returned with clinical picture of heart failure, hypotension and elevated hs troponin. Bedside echo raised suspicion of aortic valve vegetation with massive regurgitation and reduced left ventricle global systolic function. Transesophageal echocardiography confirmed aortic valve endocarditis with multiple large hypermobile vegetations and small aortic root abscess (**Figures 1, 2 and 3**). Cardiac surgeon initially opted for further antimicrobial therapy, but despite targeted intensive treatment (*E. faecium* from multiple blood cultures) after 3 days heart failure progressed to cardiogenic shock, and he was urgently operated. Operation confirmed echo findings and after debridement

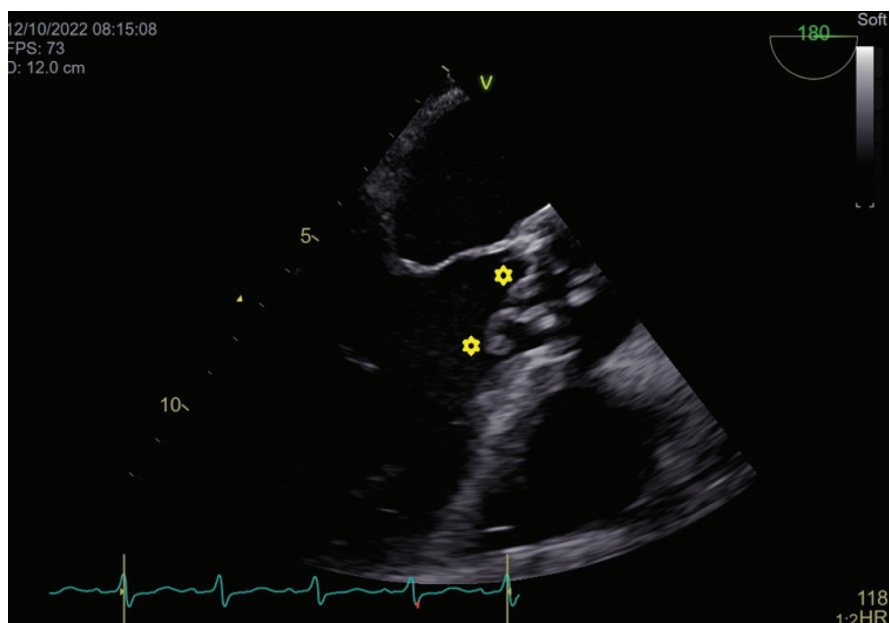


FIGURE 1. Transesophageal echocardiography (mid-esophageal, long axis, 180°): two large fresh hypermobile vegetations attached to aortic cusps.

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