



Successful healing of infective endocarditis in an intravenous drug addict

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Introduction: Infective endocarditis is an inflammation of the inner layer of the heart. It is mainly a disease caused by bacteria and it presents a broad spectrum of events. Without an early identification and treatment, the disease can cause a lot of intracranial and long-range extracranial complications¹. Treatment of endocarditis can be conservative or surgical. Conservative treatment is conducted with prolonged therapy of antibiotics. Surgical treatment of endocarditis is indicated in case of development of heart failure, atrioventricular block, paravalvular abscess or destructive infiltrative lesions. Surgical treatment is also recommended in case of occurrence of infectious embolism². We would like to present a patient treated because of infective endocarditis with multiple embolisms, which are successfully treated with conservative methods.

Case report: 29-year-old female with history of intravenous drug use has been admitted via Emergency Department with symptoms of sepsis and high fever of unknown origin. By doing medical workup psoas muscle abscess was verified. Transthoracic echocardiography detected vegetations of tricuspid and aortic valve and a septic embolism of left kidney. By doing a blood culture it is excluded Gram-positive bacteria. Transesophageal echo has shown vegetations of an aortic and tricuspid valve. Medical condition achieved additional complication by appearance of neurological symptoms – paresis of left arm. Patient is empirical treated with reserved antibiotics. Considered by multiple embolic abscesses cardiosurgical treatment was indicated. During the surgery vegetation or damage of the valves were not found. Antibiotic therapy was adjusted by infectologist. Further treatment was successful and full recovery was achieved.

Conclusion: We described a case with patient treated because of infective endocarditis which was created by intravenous drug use. The progress was complicated by appearance of multiple septic embolisms. According to literature, this kind of complications were indication for surgical treatment. In this patients case the treatment was successful by using conservative treatment.

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LITERATURE

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