





Infective endocarditis in a patient with congenital heart disease: a case report

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KEYWORDS: bicuspid aortic valve, congenital heart disease, endocarditis, complications.

CITATION: *Cardiol Croat.* 2024;19(11-12):647. | <https://doi.org/10.15836/ccar2024.647>

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Introduction: Congenital heart diseases are among the most common congenital anomalies, varying from the simplest to the most complex forms.^{1,2} Infective endocarditis (IE) is an inflammation of the inner lining of the heart, known as the endocardium, as well as the heart valves. Although rare, IE has a high mortality rate. Patients with congenital heart diseases are at particular risk for developing infective endocarditis.

Case report: This paper presents the case of a 46-year-old patient who was admitted to the hospital due to fever. After an initial workup at the local hospital, IE was suspected, and the patient was transferred to the University Hospital Centre Zagreb, to the Clinic for Cardiovascular Diseases, Department for Adult Congenital Heart Disease (ACHD). Further diagnostic testing confirmed the diagnosis of IE involving the bicuspid aortic and mitral valves, accompanied by severe aortic regurgitation (AR) and septic embolic encephalitis. The cardiac surgery team decided on emergency surgery, during which both the aortic and mitral valves were replaced. Postoperative recovery was smooth, and the patient was transferred to the Department for ACHD from where he was discharged back to the local hospital. However, his treatment was complicated by deteriorating kidney function, anemia, and the development of pleural effusions, prompting another transfer to clinic. Due to a paravalvular leak at the aortic and mitral valves, and a pseudoaneurysm of the left superficial femoral artery, the patient underwent a reoperation. After being transferred to the Department for ACHD, the patient developed rhythm instability, chills, shivering, fever, and elevated inflammatory markers. *Candida parapsilosis* was isolated from blood cultures, leading to the addition of antifungal therapy. After successful antibiotic treatment, the patient was discharged home with an emphasis on regular follow-up appointments and education on the importance of taking IE antibiotic prophylaxis.

Conclusion: Infective endocarditis is a condition that requires continuous monitoring for complications, psychological support, and education for both the patient and their family. Caring for such patients presents a significant challenge, requiring ongoing education and continuous professional development for nursing staff.

RECEIVED:
September 20, 2024

ACCEPTED:
October 31, 2024



LITERATURE

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