

# CLINICAL CASE PRESENTATION

WESIM 2014

## YOUNG MAN

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# 23-years old man...

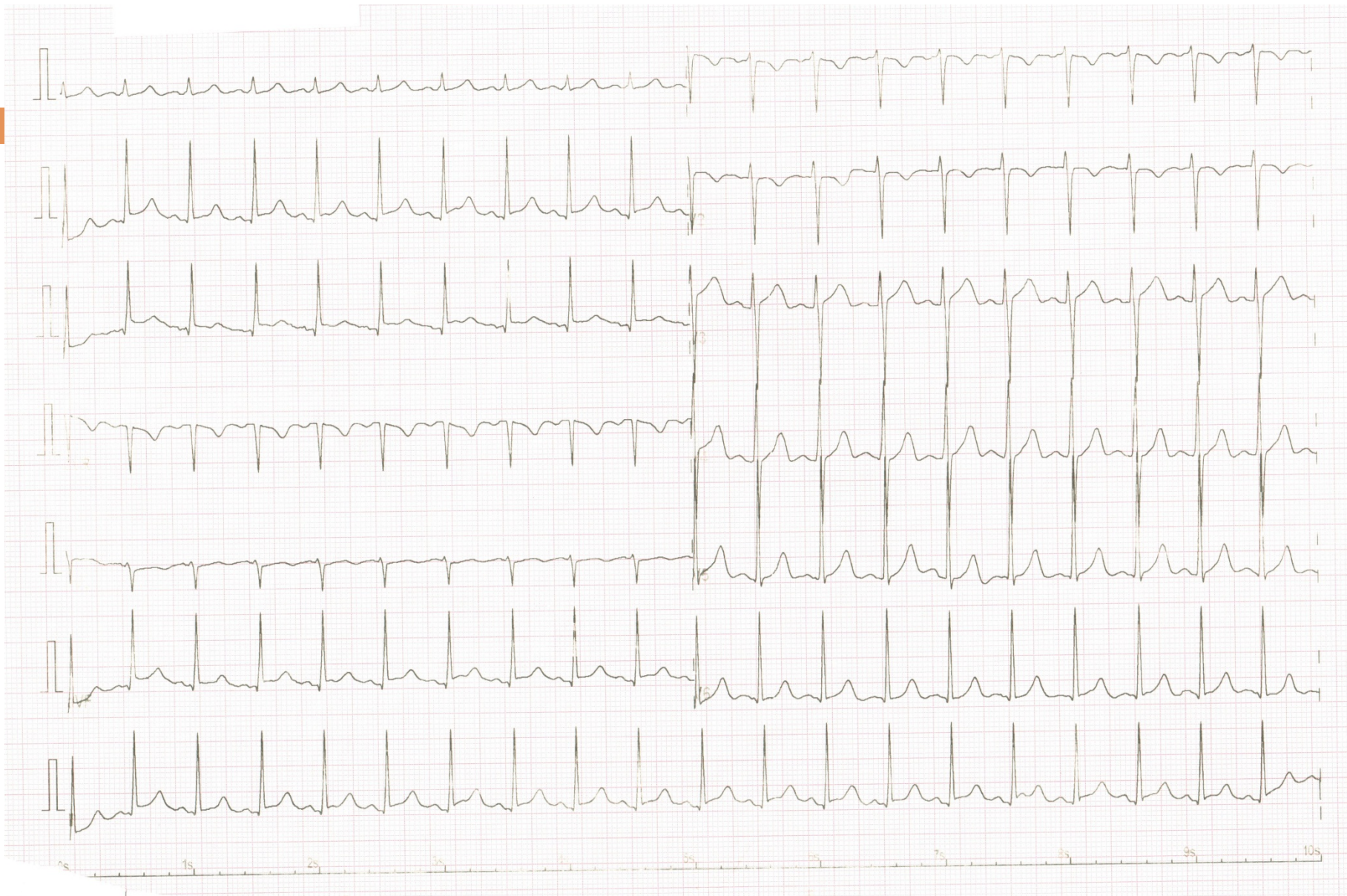
- ❖ Arrives to ER around 22:00 for chest pain, which started in the morning, lasts since then, describes it as pressure, pain radiates from behind sternum into back – between shoulder blades, it's worse with movement, chest painful on touch.

## Any other symptoms?

- ❖ he also coughs since morning plus he vomited 3 times today – in last vomit was blood – a bit.
- ❖ Subfebrile 37,6 grades of Celsius

## Something interesting in patient's history?

- ❖ Healthy, no medication, no allergies
- ❖ Smokes 20 cigarettes a day, admits drugs occasionally (marijuana, meth)
- ❖ Loud heart murmur – also described in examination a year ago



# Laboratory findings

CRP **108.5** mg/l (< 7,5 mg/l)

Na **132** mmol/l (136 - 144 mmol/l)

K 3.66 mmol/l (3.6 - 5.1 mmol/l)

Cl **100** mmol/l (101 - 111 mmol/l)

Glucose **6.1** mmol/l (4,00 - 5,59 mmol/l)

Proteins 70.8 g/l (61 - 79 g/l)

Albumin **25.7** g/l (35 - 48 g/l)

CKMB mass 0.50, 0.60  $\mu\text{g/l}$  (0,60 - 6,30  $\mu\text{g/l}$ )

Troponin I 0.017, <0.01 (< 0,04  $\mu\text{g/l}$ )

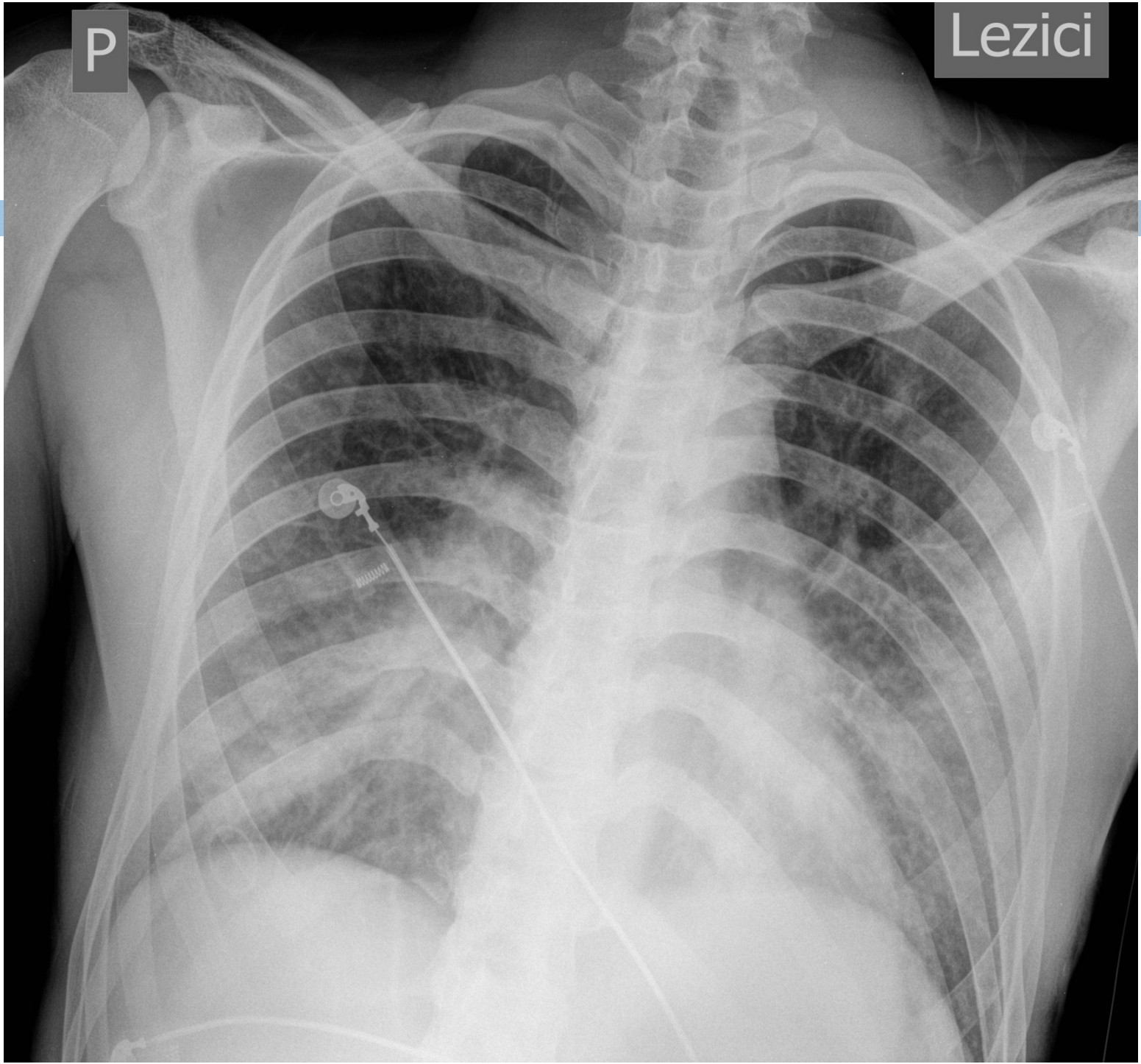
Leukocytes  $9.3 \times 10^9/\text{l}$  ( $4 - 10 \times 10^9/\text{l}$ )

Neutrophils **82%** (relative count, 45-70%)

Hemoglobin **88** g/l (135 - 172 g/l)

Trombocytes  $241 \times 10^9/\text{l}$  ( $150 - 400 \times 10^9/\text{l}$ )

Renal parameters, liver enzymes, urine - normal



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Lezici

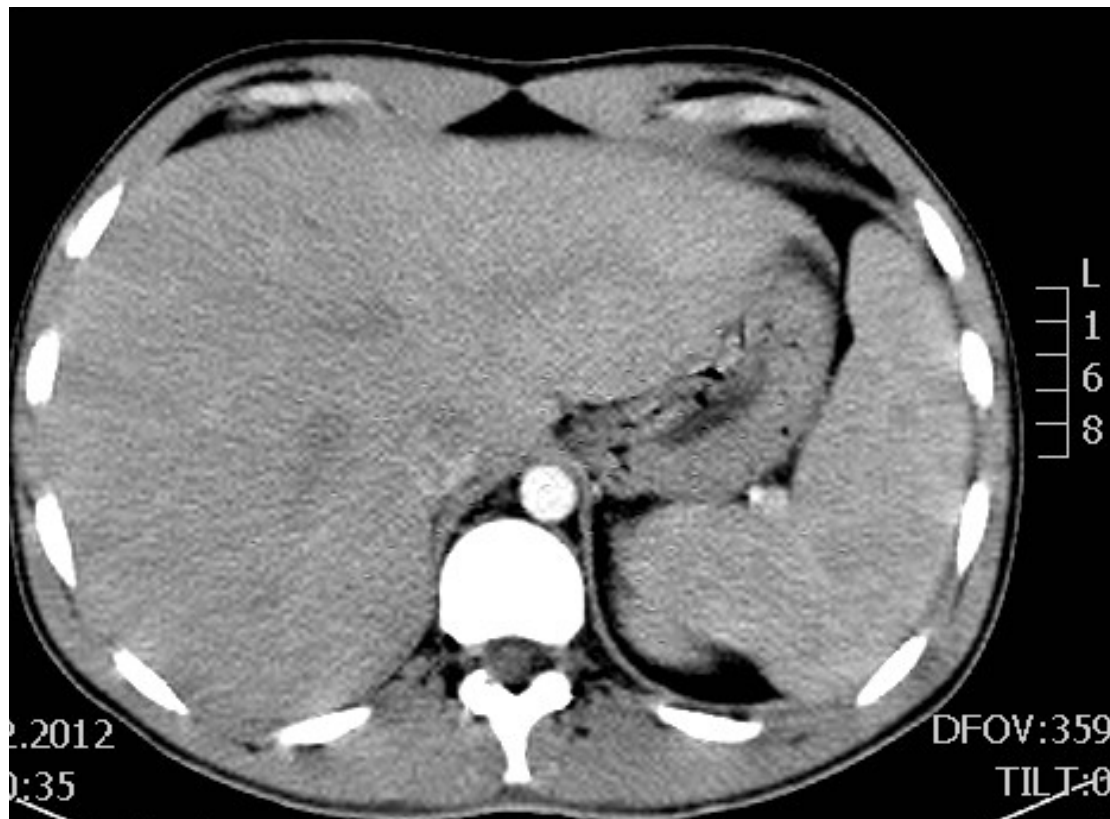


# Further investigation

**Gastroscopy:** erosions of stomach and duodenum

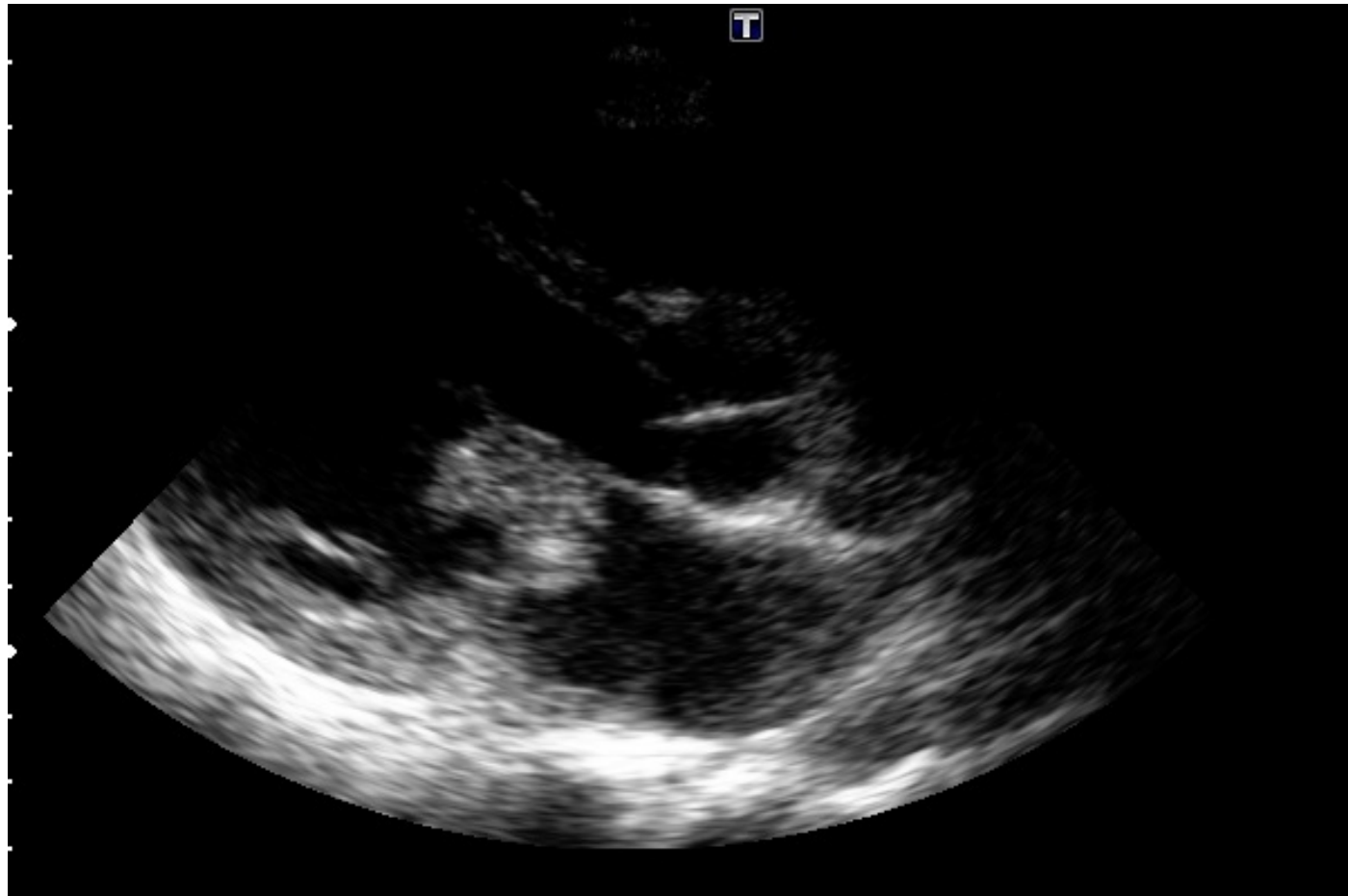
**Blood cultures:** negative (repeatedly)

**Abdominal ultrasound:** hepatosplenomegaly >>>> CT scan



Due to heart murmur and changes on ECG>>>

**Echocardiography:** vegetation on mitral valve (anterior mitral leaflet)



# The story continues

- ❖ -Febrile/subfebrile almost every day
  - Severe neutropenia – 2% (45-70%) >>>>> ATB changed  
(gentamicin + ampicillin + amoxicillin changed to ampicillin + ciprofloxacin + fluconazole)
  - Serology negative (HBsAg, HCV, anti HIV 1, 2, anti EBV, anti CMV, anti Borrelia , anti M. pneumoniae , anti Ch. pneumoniae , anti Ch. Trachomatis, Toxoplasma )
  - IgA immunodeficiency
- ❖ After month of inpatient treatment patient decides to leave hospital – continues with oral ATB therapy
- ❖ In 3 weeks returns with serious abdominal pain – spleen infarction, after LMWH treatment and observation - discharged.
- ❖ Another 1 week and he is back - signs of congestive heart failure  
>>> patient transferred to faculty hospital for mitral valve replacement



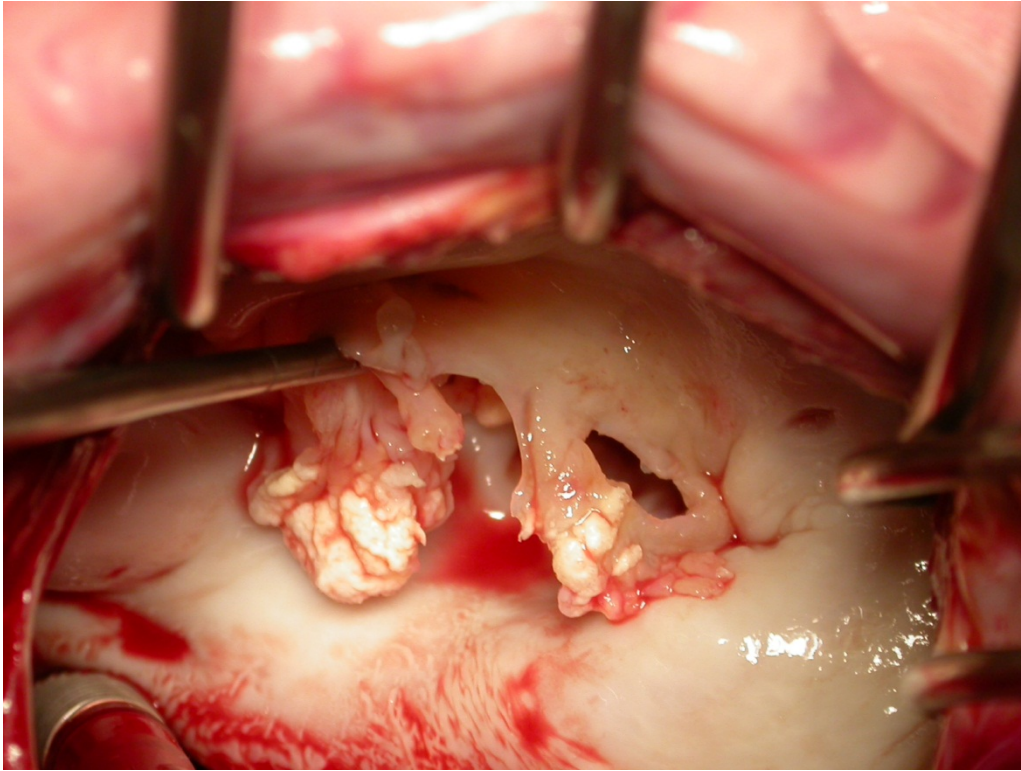


2013

DFOV: 373

# Infective endocarditis

- Incidence > 2-6 cases per 100 000 people per year
- i.v. drug users > 100 times higher incidence, typically are vegetations on tricuspid valve
- The most frequent cause > Staphylococcus aureus
  
- 90% of patients present with fever, often associated with systemic symptoms of chills, poor appetite and weight loss.
- Heart murmurs are found in up to 85% of patients
- Classic textbook signs are increasingly uncommon - patients generally present at an early stage of the disease
- Immunological phenomena, such as splinter haemorrhages, Roth spots and glomerulonephritis, are now less common, but emboli to brain, lung or spleen occur in 30% of patients and are often the presenting feature.
  
- Investigation to exclude IE are essential in at-risk groups (i.v. drugs, artificial heart valves...)



Thank you for  
your attention

