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Infectious endocarditis: interdisciplinarity or dual responsibility?

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Background

Infectious endocarditis remains – due to its clinical polymorphism – a disease that is sometimes late diagnosed.

Case report

We present a man, 56 years, admitted in our department for tuberculous (TB) meningoencephalitis (history of pulmonary tuberculosis, symptoms: fever, dizziness, sleepy, difficulty in speaking and walking; in the CSF proteins=62.1 mg/dL, 17 lymphocytes/cmm, chest X-ray: nodular opacity in the upper left lobe, reticulo-nodular image bilaterally, pneumologist consult: pulmonary tuberculosis, secondary infiltrative nodular upper left lobe) with favorable evolution under treatment with: meropenem 2 g Q8h + category II 7/7 TB drugs. After 7 days from admission the blood culture tested positive for *Streptococcus gallolyticus* (BACTEC). The second cardiac examination revealed during transthoracic echography a 1.8 cm vegetation on the aortic valve. We switched to vancomycin 1g Q12h plus tuberculostatics. Cardiac surgery consult recommends 4 weeks of treatment with vancomycin and then probably surgical intervention.

Conclusion

The laboratory has a very important role in the diagnosis of infectious diseases. A close contact with cardiologists has to be established in order to have carefully investigated patients.

Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

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