

### Infective Endocarditis in patient with congenital heart disease and without vegetations

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**Introduction:** Infective endocarditis is a fatal disease without treatment. Early diagnosis and therapeutic approach are very important to reduce morbidity and mortality. Given the characteristics and pathogenesis of this disease, sometimes the diagnosis is complex and involves a wide differential diagnosis.

**Case report:** A 6 years old children is attended by pediatrics emergency with vomiting and fever of 24 hours duration. In the last hours began with pain and signs of inflammation in his left foot plant.

**Family History:** Colombian parents, without interest.

**Personal History:** bicuspid aortic valve with severe stenosis who underwent surgery 6 years ago. Currently has a dual moderate aortic injury. Travel to Colombia which he returned for 16 days.

**Exploration:** systolic murmur III / VI. Increased temperature and edema in his left ankle, signs of inflammation of subcutaneous tissue in the left foot plantar region with bruise damage (figure 1). Hiperesthetic greyish lesion on tip of nose. Inflammatory signs in 5 th finger right hand. Diffuse abdominal pain without peritoneal irritation. Severe headache with no neurological deficit.

**Differential Diagnosis:** infective endocarditis, primary systemic vasculitis, infectious vasculitis.

**Investigations:** CBC: leukocytosis with neutrophilia. Increased acute phase reactants. Rx: cardiomegaly, no condensation in lung parenchyma. Echocardiography showed vegetations or not changes in basic valve disease. ANCA negative. Negative immune. Normal complement. Cryoglobulins negative. Serology Leptospira, Rickettsia, Borrelia Dengue and negative. Blood cultures (2) positive *S. aureus methicillin sensitive*.

Biopsy of skin lesions, septic emboli source (figure 2).

**Evolution:** On admission he was treated for infective endocarditis antibiotic (ceftriaxone, vancomycin, gentamicin) to receive blood cultures (Cloxacillin).

According to the Duke criteria we support the diagnosis of bacterial endocarditis.

As a complication he had septic emboli brain (figure 3, MRI).

The *outcome* was favorable, the patient was asymptomatic at present.

**Conclusion:** Infective endocarditis is a rare disease in childhood, although their frequency is increasing due to longer survival of children with congenital heart disease. The diagnosis can be used DUKE criteria, taking into account that the absence of vegetation does not exclude the diagnosis.