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Late prosthetic endocarditis 3 years after ASD transcatheter closure on an 8 year old child : case report.

Amedro P. (1,2), Vincenti M. (1,2), Guillaumont S. (1), Bredy C. (1), De La Villeon G. (1), Bertrand A. (1), Voisin M. (1), Kreitmann B. (3), Fraisse A. (3).

Pediatric and Congenital Cardiology, University Hospital, Montpellier, France (1); Physiology and experimental medicine of heart and muscle Research Laboratory, INSERM U1046, Montpellier University, France (2); Pediatric and Congenital Cardiology, La Timone University Hospital, Marseille, France (3)

Introduction.

Prosthetic infective endocarditis (IE) after transcatheter closure of atrial septal defect (ASD) is extremely rare, especially beyond the first months after procedure. We report one recent late IE case which occurred on an 8 year old boy.

Case report.

Our patient was born in 2005 and underwent in 2010 transcatheter closure of ostium secundum ASD with Amplatzer device. Regular follow-up was uncomplicated. During an extended stay in Morocco in summer 2013 he suffered from dental caries and episodes of fever. Several antibiotics were prescribed but blood cultures and dental care were not made. In October 2013 when returning to France he presented in our center with prolonged fever, weight loss, typical palms and soles Janeway lesions. Echocardiography showed very thick "pannus" lining the left wing of the prosthesis, with some mobile elements. MRI showed several cerebral microemboli. Blood cultures found Oxacillin-susceptible Staphylococcus Aureus. Patient underwent classical antibiotic treatment with Gentamicin (2 weeks, dose of 3 mg/kg/day i.v.) and Oxacillin (6 weeks, dose of 200 mg/kg/day i.v.). Dental care was performed. We rapidly obtained negative blood cultures. At the present time we are at the end of medical treatment. Although this technique has not been validated in this situation, we just performed a PET scan which showed no activity. Cerebral lesions on MRI remained stable. Surgical removal of the prosthesis is planned in a few days.

Conclusion.

This exceptional case of severe IE on an Amplatzer ASD device 3 years after procedure should not question the recent European guidelines on prevention, diagnosis, and treatment of infective endocarditis (European Society of Cardiology, 2009). Indeed the Task Force proposes limitation of antibiotic prophylaxis to patients with the highest risk of IE undergoing the highest risk dental procedures. But in the mean time the guidelines highlight good oral hygiene and regular dental review as a very important role in reducing the risk of IE. Once ASD is successfully closed by any device, it is our pediatric cardiologist's responsibility to ensure that dental care is truly and correctly made.