

Interesting Image / İlginç Görüntü

Pulmonary valve infective endocarditis

Pulmoner kapak infeksiy endokarditi

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Pulmonary valve infective endocarditis is an extremely rare condition, which accounts for 1.5 to 2% of all infective endocarditis cases.^[1,2] In the published literature, there are only case reports or case series. Risk factors include male gender, intravenous drug use, central venous catheter placement, alcoholism, and congenital heart disease.^[3,4] Transthoracic echocardiography (TTE) and transesophageal echocardiography are used for the diagnostic purposes. In this article, we present a case of mobile vegetation on the pulmonary valve in whom catheter-directed hemodialysis.

A 65-year-old male patient was referred to our clinic for further examination for dyspnea and fever of unknown origin. He was under hemodialysis

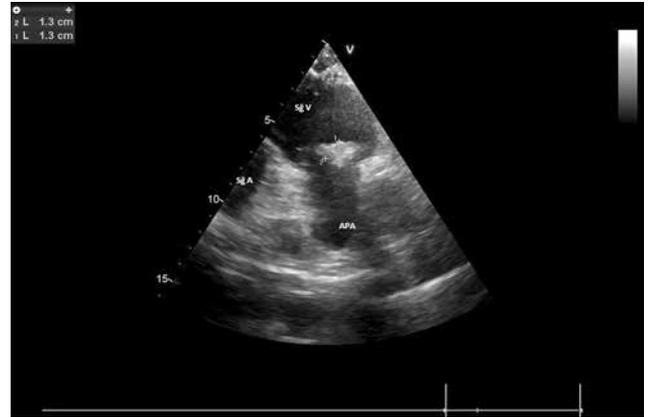


Figure 2. Vegetation moving toward surface of right ventricle of pulmonary valve.

RV: Right ventricle; RA: right atrium; MPA: main pulmonary artery.

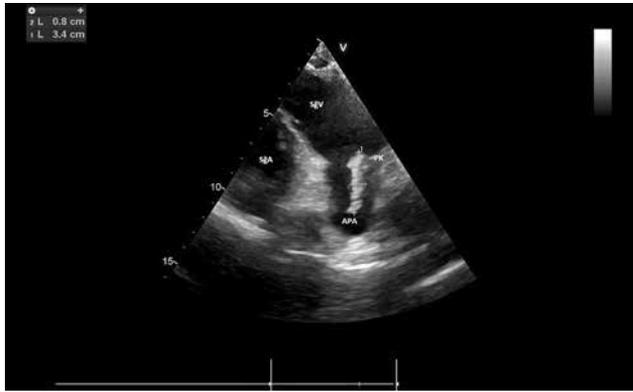


Figure 1. Vegetation extending from pulmonary valve to main pulmonary artery (MPA).

RV: Right ventricle; RA: right atrium; AV: aortic valve; PV: pulmonary valve.

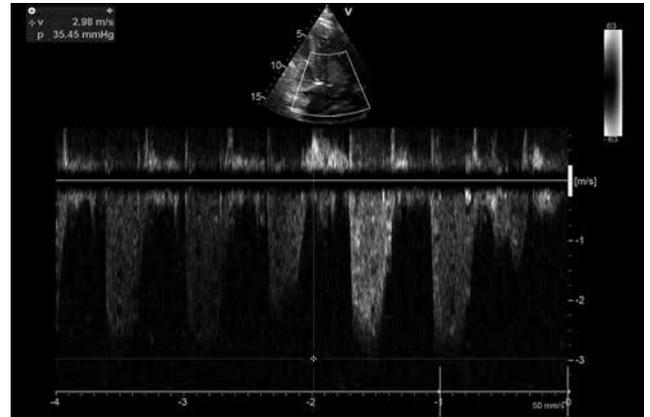


Figure 3. Infective endocarditis of pulmonary valve, tricuspid regurgitation.

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through a central venous catheter due to chronic renal failure. A transient catheter was used through the right internal jugular vein extending to the right atrium. Computed tomography angiography showed bilateral parenchymal infiltration. Blood culture analysis showed *Enterococcus faecalis* production. On TTE, a 3.5×1.3×0.8 cm linear vegetation on the pulmonary valve, pulmonary valve regurgitation, and tricuspid valve regurgitation were observed (Figures 1-3). With the open-close movements of the pulmonary valve, vegetation was mobile toward the right ventricular outflow tract and main pulmonary artery. The patient was diagnosed with pulmonary valve infective endocarditis and intravenous dual antibiotherapy (teicoplanin 400 mg + ertapenem 1000 mg) was initiated for five weeks. At the end of treatment, infection-related symptoms resolved and inflammatory biomarkers returned to normal values. The patient was referred to the cardiovascular surgery clinic for surgical treatment.

Declaration of conflicting interests

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