



6/22/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Julia (@zancojulia) Case Discussants: Elena (@) and Lea(@)

Scribing (Marcela)
CC: fever, SOB, and palpitations
HPI: 55 yo male presents to ID clinic complaining of fever (38.6C), SOB, and palpitations for 7 days. Pt was recently hospitalized 20d ago for Haemophilus endocarditis of prosthetic mitral valve and completed 6 weeks of tx with IV ceftriaxone. He presents with 7 days of fevers 38.9, most prominent in the night, progressive dyspnea (initially moderate effort and now at rest) and sensation of fast and irregular heartbeat. Denies CP, orthopnea, PNDs, weight loss, night sweats. Endorses intermittent chills.

PMH: Rheumatic heart disease and HFrEF (EF 29%), Mitral valve replacement w bioprosthetic valve (2017). Severe AR and moderate AS
Afib HTN
Meds: Metop, Losartan, Spironolactone, Rivaroxaban, Furosemide, Dapagliflozin, omeprazole

Fam Hx: non contributory
Social Hx: former smoker - 7 pack/year Hx. No IV drug use. Drinks alcohol socially. No recent dental procedure or surgery
No pets or cattle.
Health-Related Behaviors: Lives in Brazil, no recent travel
Allergies: no

Vitals: T: 38.5 BP: 100/60 HR:90 (irregular) RR:26 Sat:98% BMI:
Exam: Gen: mildly uncomfortable, pallor, well hydrated
HEENT: wnl
CV: irregularly irregular rhythm, midsystolic murmur, mid diastolic murmur, no JVD
Pulm: clear lung sound bl
Abd: soft, non-tender
Neuro: AOx4, no focal deficits
MSK: bilateral LE edema, no janeway lesions, osler nodules or splinter hemorrhages

Notable Labs & Imaging:
Hematology:
WBC: 7.6 no left shift Hgb: 10.3 Plt: 217 Ht 33.4 MCV:
Chemistry
Na:138 K:5.1 Cr: 1.1 BUN: 53 CRP 1 ESR 9 HCO3: 20
CRP: ESR: LDH: AST and ALT: normal
ProBNP 3465 normal trop UA trace protein, no hematuria or casts
BCx: previous one positive for Haemophilus spp, new set drawn
ABG: pH 7.43/pCO2 37/pO2 80/ HCO3 20 / Sat 96%
Imaging:
EKG: Atrial fibrillation, new first-degree AV block
CXR: mild pulmonary vascular congestion, no effusion
TEE - periprosthetic collection in the mitral-aortic intervalvular fibrosa measuring 21.6x6.7mm with heterogeneous content and without doppler flow.
Bioprosthetic mitral valve shows prosthesis-patient mismatch and mild intraprosthetic regurgitation. Severe left atrial dilation, concentric LV hypertrophy
Dx: Perivalvular abscess involving the mitral-aortic intervalvular fibrosa in the setting of prosthetic valve endocarditis
CT surgery consulted and pt underwent urgent valve replacement and abscess drainage due to prosthetic valve dysfunction and perivalvular infection

Problem Representation: 55yo male with hx of prosthetic valve endocarditis presenting with fevers, SOB and palpitations. Found to have new AV block and TEE showing periprosthetic fluid collection

Teaching Points (Vini):
- Why this patient is known to the clinic? What is the background. Acute inflammatory sd. Does it localize to some place? Immune status state.
- **Commensal organisms** - nose, mouth - microaspiration.
Environmental organism - associated symptoms - muscle aches, rigors, chills, cardiopulmonary involvement, recent travel history, arrhythmias, jaundice - hemolysis .
- **Pt with prosthetic valve (valvulopathy) + HFrEF + IE.**
- maybe not on enough time on ATBs. Valve is a risk factor for development of new infection. Was the tx long enough? There is resistance to ATBs? Concerns for source control and biofilm formation. **Valve abscess + valvular disease, dehiscence, perforation, sterile vegetation, bacteremia** - where the disease went?
- **PTSD** - pathogen, treatment, source, diagnosis.
- **HACEK** organisms tends to cause septic emboli.
- Initial approach: **sepsis?** Clinical stability, blood cultures, find a source.
- **RF maybe predisposed to IE:** Fibrosis -> Nidus for infection.
- **New AV block suggests an abscess after the conduction system.**
- Having a prosthetic valve is much harder to clear the infection.
- Different what is relevant and what is noise in the case: progressive dyspnea and fever, but no leukocytosis, no CRP or ESR elevation, ABG reflecting a compensatory state