1/14/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Ravi@rav7ks)* ***Case Discussants****: (Sharmin@Sharminzi) & (Maryana@maryanamribeiro)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Seeme)

CC: A 30-year-old woman presented with 2 months of subjective fever and progressive fatigue visiting from India 6 months ago.

HPI: The fevers are undulating not continuous. She has been feeling weak and tired for the last month. Her energy level has also been diminished for the last 3 weeks.
Appetite also diminished and I have lost 5 pounds over those 2 months. No associated chest pain

ROS: no respiratory, genitourinary, gastrointestinal, dermatologic, or neurologic complaints.

PMH:
Rheumatic heart disease
Mechanical aortic valve replacement (AVR) 15 years ago
Mechanical mitral valve replacement (MVR) 15 years ago
Type 2 diabetes mellitus
Primary infertility

Meds:
Coumadin
insulin

Fam Hx:
DM, HTN

Social Hx:
-

Health-Related Behaviors:
No alcohol or smoking

Allergies:
NKDA

Vitals: **T**: afebrile **HR**: 82 **BP**: 118/72 **RR**:14 **Sat**: 99
Exam: **Gen**: not in distress, well oriented
HEENT: nl, **CV**: audible mechanical opening and closing clicks, no new murmurs,**Pulm**: nl ,**Abd**: nl, **Neuro**: nl
Extremities/skin: no rash, janeway lesions or splinter hemorrhages

Notable Labs & Imaging:

Hematology:
WBC: 12 Hgb:10.2 Plt: 350

Chemistry:
Na: nl K: nl Cl: nl HCO3:nl Cr: nl BUN: nl Glucose: nl Ca: nl Mg:nl
AST: nl ALT: nl Alk-P:nl ESR: 130 CRP: 15.9 UA: neg for infection/ hematuria

Imaging:
CXR: clear, CT chest: clear, TTE: no vegetations
TEE: mobile echodensities on mitral valve sewing ring- findings consistent with vegetations (<1cm)
Blood Cx: 3 neg
Started on vancomycin, ceftriaxone and gentamicin for 6 weeks and discharged, 1 week later returned with fever and fatigue
Blood Cx repeat: neg, neg endocarditis organisms (coxiella, bartonella, brucella), repeat TEE: vegetations unchanged, AFB: neg
Cardiolipin IgG and IgM>100, beta 2 glycoprotein IgG and IgM>100
ANA 1:320, lupus anticoagulant: positive, double stranded DNA IgG>186
Patient treated with warfarin, aspirin, prednisone and rituximab, reduction in antibody titers.Follow up Echo showed intact fully mobile bi-leaflet mechanical mitral valve.

Dx: Antiphospholipid syndrome- associated thrombotic endocarditis (NBTE)

Problem Representation: A 30 y old woman with PMH of RHD presented with subjective fever and progressive fatigue for 2 months with elevated inflammatory markers,positive ANA,cardiolipin Ab and beta 2 glycoprotein. TEE showed presence of vegetations.

Teaching Points (Evan)

-Subacute inflammation - autoimmune, malignancy, infection
-"Medical age" of patient - do they have any underlying immunocompromise, cancer
-Long term diabetics more at risk for infections
-Mechanical valve - want to consider endocarditis, can be more atypical. Check for procedure history or past infections
-ESR and CRP dont localize the problem but if very elevated something bad is going on.
-TTE has limited sensitivity with prosthetic valve. TEE superior here.
-Biological valve - staph and strep most common bugs
-Can start with ceftriaxone and vancomycin after blood cultures
-Culture negative include brucella, coxiella, fungal
-Lupus and malignancy dont usually elevate ESR and CRP and cause non bacterial endocarditis. Carefully watch from possible thrombotic events.
-Vegetation size determines surgical candidates
-Decision to continue workup or stop because patient is improving
-If patient not improving with antibiotics - Are there other foci, further imaging? Are they the right abx for the right bug? Fungal/Mycobacterium
-Lupus, sjogrens, RA assoc with APLS antibodies
-Warfarin - want to consider other drug-drug interactions, poor control with INR
- Warfarin is correct treatment for APLS - however may need to increase dose to get INR 3>2 if patient is already taking it.