J Clin Exp Cardiolog 2018, Volume 9
DOI: 10.4172/2155-9880-C7-108

25th Annual Congress on
Cardiology and Medical Interventions
July 16-17, 2018 | Atlanta, Georgia, USA

Diabetic keto acidosis as a deceiving presentation to simultaneous aortic and tricuspid infective endocarditis

V P Rambhujun[1], **J Ciancerelli**[1], **R Daggubati1** and **D Silber**[2]
[1]NYU Winthrop Hospital, USA
[2]Columbia Medical Centre, USA

Infection remains a common cause for DKA, though its association with endocarditis is rare. The incidence of Infective Endocarditis (IE) ranges between 1.5-1.6 per 100 000 prosthetic valve endocarditis occurs in 1-6% of patients and rarely is it bilateral, as this case is. 71 year old female patient admitted with diabetic ketoacidosis and low grade fevers. She had an infectious work up in which the blood cultures grew streptococcus mitis. The patient, subsequently, had a transthoracic echocardiogram that was negative for any vegetation's; but considering the fact that she had a prosthetic valve and she was persistently bacteremic, she underwent a TEE that showed simultaneous aortic (bio prosthetic valve) and tricuspid infective endocarditis. The patient was treated conservatively with surgery being the next step if she didn't improve. She improved astoundingly rapidly with IV antibiotics. This case is interesting because our patient had vegetation's on both side of the heart which is very rare. We were able to find only two such cases; the first was an IV drug user with persistent bacteremia and the second patient had a Ventricular sepal defect with aortic and tricuspid endocarditis. There are too few reported cases of patients with right and left endocarditis to have guidelines for management of such patients. We opted for a non-surgical management of our patient in view of her comorbidities with surgery as the option if she did not improve. Our case is probably the only case of simultaneous two valve endocarditis was managed conservatively with the patient making a complete recovery, making it a unique case.

Vikash_rambhujun@hotmail.com

Notes: