

9<sup>th</sup> Annual Meeting on

# Arrhythmia and Cardiac Surgery

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## The root of all evil: A case report documenting the presentation of an aortic root abscess in a 26 year old gentleman

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Aortic root abscesses are a complication of infective endocarditis. A devastating disease with high morbidity and mortality leading to complications such as atrioventricular septal destruction, even death. Objectives of case report: demonstrate importance of coordination between health professionals; highlight importance of examination, investigation and senior support; demonstrate how young patients maintain good physiological reserve masking severe infection. TTE demonstrated normal left ventricular function, EF 50-55%, and an unusual aortic valve anatomy with significant aortic regurgitation. Blood cultures were negative; IV amoxicillin and IV gentamycin were commenced. TOE revealed thickened aortic leaflets and moderate aortic regurgitation, suggesting infective endocarditis. Aortic root was suspicious of an aortic root abscess. Patient continued to spike temperatures. Antibiotics changed to gentamycin, vancomycin and rifampicin. Case discussed at cardiothoracic centre. Patient was diagnosed with aortic root abscess, transferred and underwent an aortic root and mechanical valve replacement. Specimen was culture negative, PCR positive for *Staphylococcus lugdunensis*. Post-operatively commenced on warfarin and a four month course of rifampicin and daptomycin. Young patients mask a multitude of sins and present with subtle symptoms given good physiological reserve. The root of all evil was the aortic root. Clear, precise, detailed history and review of results highlights serious cases early, benefitting from prompt review. Aortic root abscess is a serious complication of infective endocarditis and should always be considered if symptoms do not respond to treatment after 72hrs. Specialist input is useful and important. Advances in cardiac imaging allows useful investigative correlation, with the ultimate treatment option being cardiothoracic surgery.

### Biography

Khizar Khan-Mahmood completed his MBBS age 24 from Barts and the London School of Medicine and Dentistry, Queen Mary University of London. During this time, he intercalated in Oral Biology, and gained a BSc (first class honours). He graduated with a MBBS and BSc (hons). Dr. Khan-Mahmood went on to complete foundation training at Addenbrookes Hospital, Cambridge University Trust. He took a year out of training, to set up various business ventures and to travel, volunteering in health services around the world. Currently a Core Medical Trainee at Colchester General Hospital, Essex, with a keen specialist interest in Cardiology.

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