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Successful management of a rare case of *Aspergillus* prosthetic valvular endocarditis

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Cardiac aspergillosis is a severe and extremely life threatening entity with a very few reported cases. We present a case of an atypical early presentation of *Aspergillus* endocarditis (AE) with an echogenic valvular mass which embolized and detected after femoral embolectomy in a previously operated male for mitral valve replacement. He was treated successfully with complete prosthetic valve explanation, re-valve replacement and anti-fungal therapy. 52 years male presented to us with fever, chills and rigor since one day. He had undergone mitral valve replacement three months back and was admitted and treated for infective endocarditis for six weeks prior to surgery. He also had history of C.V.A. four months back. His echo was done which showed a vegetation of 1.5 to 2 cm in prosthetic valve. His blood culture was negative and was started on vancomycin, gentamicin and rifampicin. In hospital, patient developed severe pain in buttocks and lower limbs. Color Doppler of lower limbs suggested pulses tardus with proximal obstruction. CT angio suggested multiple embolus in iliac, femoral and renal vessels. Embolectomy was done and embolus was sent for histopathological examination, which suggested *Aspergillus* colonies; meanwhile patient deteriorated in ward and developed sudden breathlessness and hypotension. Echocardiogram showed severe MR with destruction of prosthetic valve, we decided to do redo mitral valve replacement. The prosthetic valve was completely destroyed and had black colored vegetation over it. Complete implantation of valve along with vegetation was done and was replaced with 27 no. perimount valve. In postoperative patient was treated with intra venous lipophilic amphotericin B and voriconazole for two weeks then on oral voriconazole. Histopathology confirmed *Aspergillus niger* Pt. recovered very well and was discharged on 15th post OP day. He is on tab. voriconazole and after nine months of surgery, he is very well and following up with us. *Aspergillus* endocarditis is a rare and dreadful clinical entity. Echocardiographic assessment of suspected AE is critical. Early administration of appropriate anti-fungal treatment and prompt surgical intervention is the key to success. How long to continue azoles in such cases is still a matter of debate.

Biography

Jaideep Kumar Trivedi has completed his MBBS, MS and MCh in Cardiothoracic Surgery from Grant Medical College, Mumbai. He was awarded 1st rank by Mumbai University in MCh examination. He has published papers in national and international journals. Presently, he is a Consultant Cardiothoracic Surgeon at Apollo Hospital, Vishakhapatnam, India. He has performed more than 1000 Cardiothoracic Surgeries independently.

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