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Surgery in septic patient with acute aortic endocarditic-case report

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Objective: Despite antibiotic treatment, active infective endocarditis continues to be a devastating and often fatal condition, which needs to be treated with urgent life threatening, high-risk surgery. Essential adequate debridement of the infective material is followed by repairmen (excisement of the vegetations) or replacement of the valve. The postoperative intensive care treatment usually is faced with septic shock patient with predicted high mortality rate.

Case Report: A 37years old patient was admitted to our unit with an acute endocarditis of the aortic valve, diagnosed by tranoesophageal echo (TEE) with a great vegetations on the right and non- coronarial cusp with a aortic regurgitation +2 as well as left ventricle failure. Biochemistry was positive for infection (neutrophilia in blood, increased CRP and procalcitonin) and positive blood culture for staphulococcusepidermidis MR. Patient had been treated with Linezolid according to antiniogram. After 10 days he developed pulmonary edema, due to high grade aortic regurgitation due to rupture of the non-coronarial cusp (confirmed on 3D TEE) and in a septic shock under catecholamine he was operated. Intraoperatively his aortic valve was completely destroyed with a lot of vegetations and rupture of the non coronarial cusp. Patient got a mechanical prosthesis Sorin 25mm. After surgery he was high fevered, on high dosage of catecholamine and positive biomarkers for infections. On a first postoperative day he was put on antibiotics according to antibiogram and on CRRT treatment with Oxiris filter on Prisma-flex machine. After fourth hour hemodynamic stabilization was notified, due to which catecholamine had been excluded second postoperative day, and patient dieresis had been normalized. Patient had been extubated after 7 days. After 20 days he had been discharged at home.

Conclusions: Surgery in acute endocarditis is a high risk procedure which can be performed with a better haemodynamic stability and less postoperative complications, if patient is treated with adequate antibiotics as well as CRRT- Oxiris filter to remove the endotoxins.

Biography

Tanja Anguseva is Subspecialist cardiologist in Special Hospital for surgical diseases ZanMitrev. Scientific work titled "SySchechan", Clinic of Obstetrics, Faculty of Medicine, Skopje. Graduation at the Faculty of Medicine within Ss. Cyril and Methodius Skopje, Macedonia. Doctor – general practitioner, Military Outpatient Clinic, Veles. Specialization in internal medicine at the University Ss. Cyril and Methodius. Assistant at the Department of Hemodialysis - Department for Internal diseases, Military Hospital, Skopje. Postgraduate studies at the Clinic of Cardiology, Faculty of Medicine, Skopje. Topic: Immunoactivity of patients in end-stage ischemic heart failure. Intensive Care Unit – Department of Internal Diseases, Military Hospital, Skopje. Coronary (cardiac) stress test, Echocardiography, 24-hour ECG and ABP Holter monitoring – Department of Internal Diseases, Military Hospital, Skopje. Doctor in charge at the Intensive Care Unit, PHI FILIP VTORI, Skopje.

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