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Defying Death: A Survival Case Report on Infective Endocarditis in a 43-Year-Old Female with Chronic Kidney Disease

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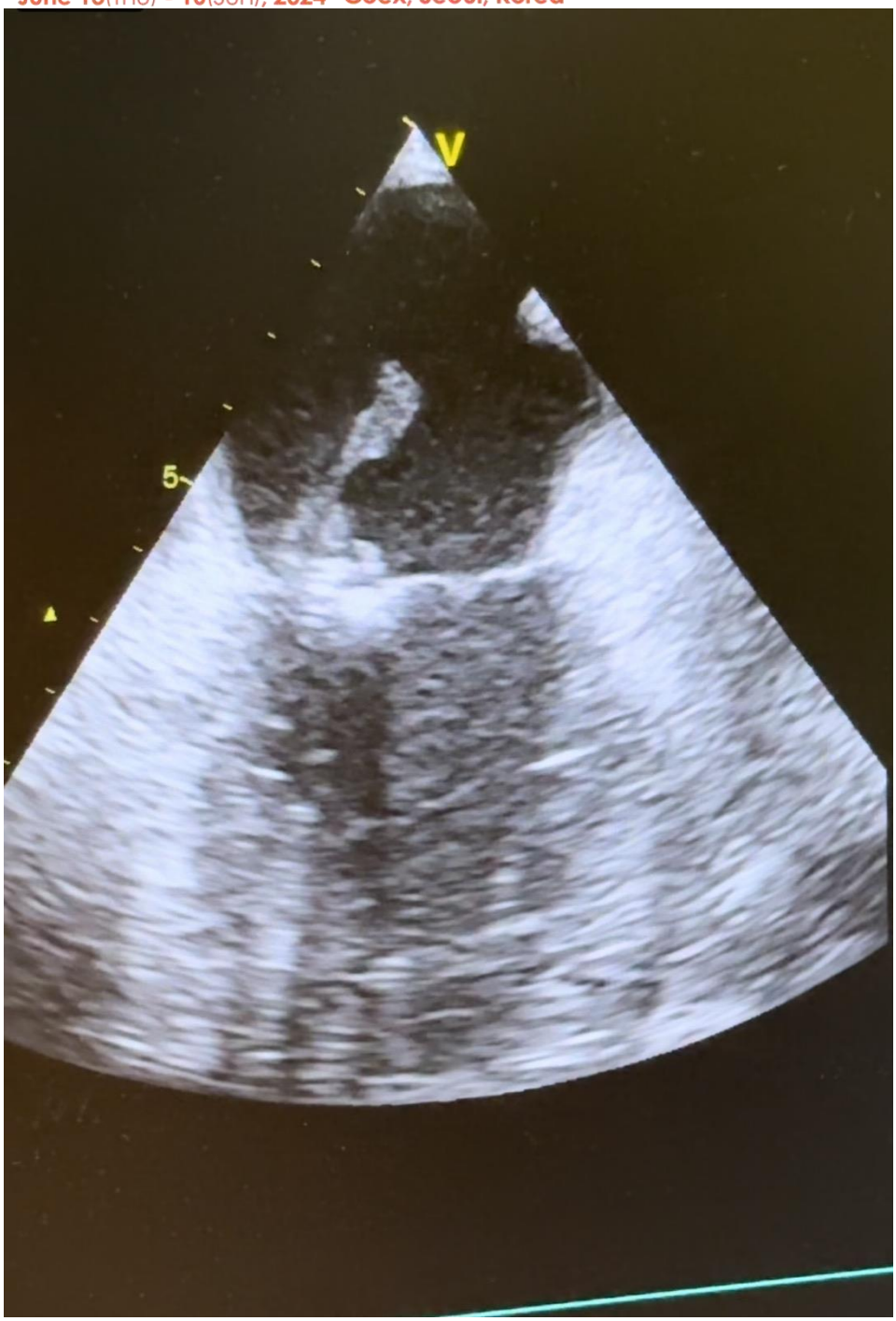
Case Study : Background: Infective endocarditis (IE) infections report paucity of data on the survival of cases without surgical intervention yet poses high mortality rate. The Case: We report a 43-year-old female, Filipino, with systemic lupus erythematosus (SLE) with nephritis since 2013. Last June 2020, she was admitted due to dyspnea, oliguria, and elevated serum creatininine at 1,123 umol/L; eGFR of 3.3 ml/min/1.73m2. She had chronic kidney disease (CKD) stage 5 from SLE with Nephritis improved after maintenance hemodialysis (HD) via long-term central venous catheter (CVC). Four months later, patient developed persistent hypotension during HD, sepsis due to CVC infection was confirmed as blood culture demonstrated growth of Stenotrophomonas maltophilia. A full course of Piperacillin + Tazobactam intravenously and Cotrimoxazole for 7 days were given, maintenance HD was tolerated with recovery of symptoms. In October 2021, she was readmitted due to dyspnea and 2-Dimensional echocardiography revealed a large, lobulated mass which protruded into the mitral valve orifice during diastole causing obstruction to left ventricular inflow. She was managed as a case of IE, culture negative native valve in congestive heart failure. She continued her intensive hemodialysis with arteriovenous fistula as vascular access, intravenous antimicrobial therapy completed for 6 weeks. Serial 2-dimensional echocardiogram monitoring showed regression of the vegetations. Surgical excision of the vegetations was suggested, but pandemic restrictions hindered the surgical intervention. A transesophageal echocardiography was performed after 2 years, revealing the mitral valve with the large lobulated vegetation/mass measuring 32 x16mm with severe mitral regurgitation. She was managed with oral penicillin to prevent further increase in vegetations. She continued to survive until this case was reported. Conclusion: This case demonstrated that IE patients may have extended survival duration in high-risk patients with multitude of co-morbidities. This case highlighted the evaluation and management of IE and prognostication of future patients.

VEGETATION ON 2D ECHO.jpg



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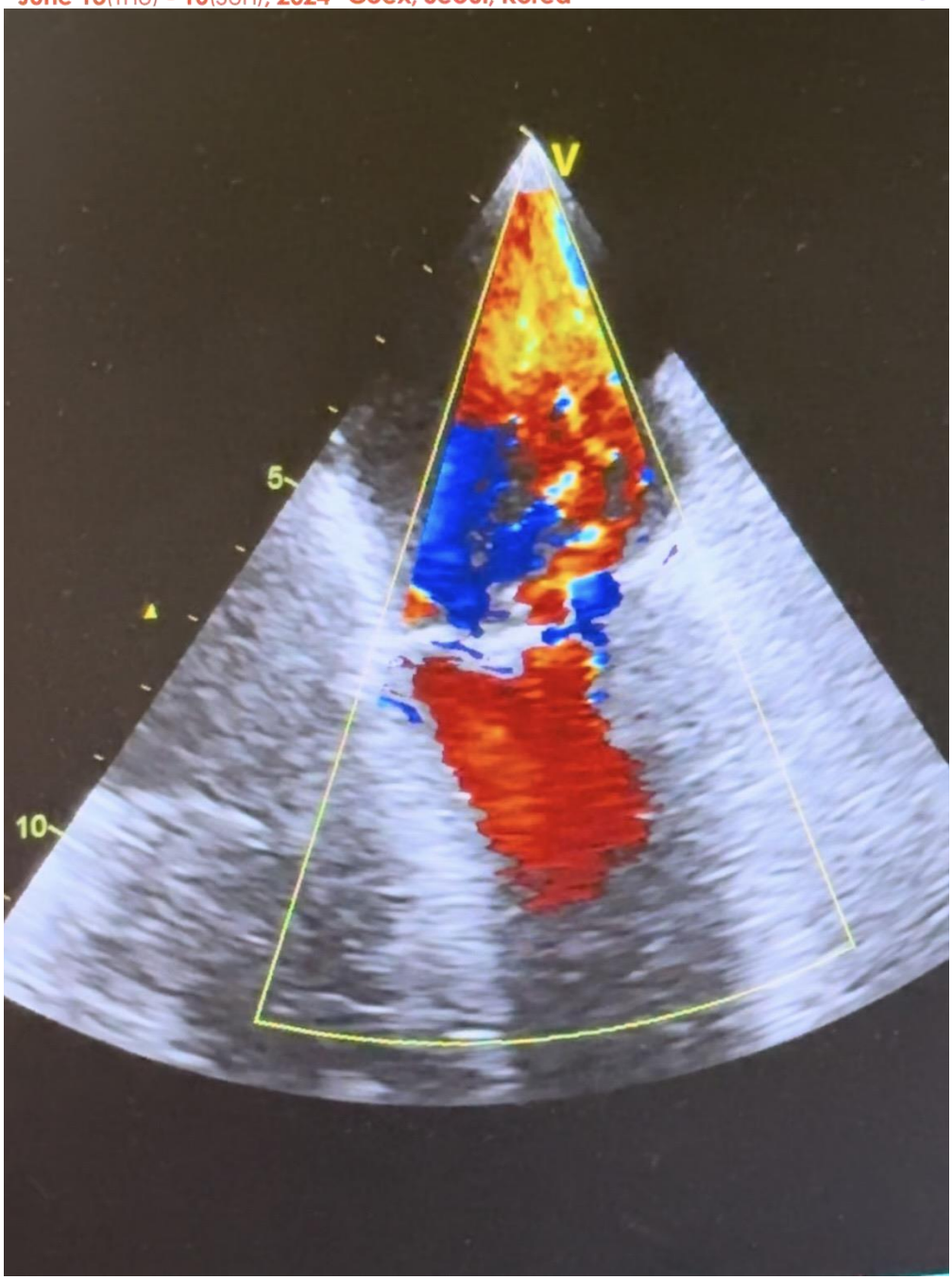
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