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Catheter Related Infective Endocarditis in Patient with Chronic Kidney Disease Undergoing Regular Hemodialysis

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Case Study : The use of central venous catheters, both non-tunneled and tunneled, in patients with regular hemodialysis (HD), increases risk of developing infective endocarditis (IE). Right-sided IE is rare and frequently involves the tricuspid valve. We reported a 40-year-old woman with chronic kidney disease undergoing regular hemodialysis at Hemodialysis Center Cipto Mangunkusumo Hospital. She had a fever during hemodialysis with a clean catheter exit site. She was previously diagnosed with a bloodstream infection via a tunneled catheter used for dialysis access. Her laboratory result showed leukocyte were 15.4 g/dl and procalcitonin was 10.29 ng/mL. Echocardiography revealed vegetation at the tricuspid valve measuring 28 x 13 mm, along with a thrombus on the catheter tip. Computed Tomography Angiography Pulmonal (CTPA) also revealed vegetation at the tricuspid valve, measuring 30 x 30 x 25 mm. Staphylococcus aureus was identified in the first blood culture, whereas Acitenobater sp. was identified in the second blood culture. The patient fulfilled the Duke criteria for clinical diagnosis IE. The patient had an emergency tricuspid valve repair, vegetation evacuation, and catheter removal. Intravenous Gentamycin-adjusting dose and Ceftriaxone were administered for 4 weeks. Following the surgery, the fever subsided, the laboratory results improved (leucocyte 10.74 g/dl, procalcitonin 4.34 ng/ml), and echocardiography revealed no remaining vegetation at the tricuspid valve. She was discharged with temporary left femoral catheter is being used while she waits for a permanent one. Infective endocarditis should be suspected when HD patients suffer from long-term fever, for which prompt blood culture and echocardiography confirmation could be performed. Duke criteria for diagnosis and treatment decisions with respect to prophylaxis, surgical management, specific antibiotics, and the length of treatment should be considered in this patient.