

## EARLY PROSTHETIC VALVE ENDOCARDITIS, CLINICAL CASE

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### Introduction

Early prosthetic valve endocarditis is acquired within a year of the valve replacement surgery and is considered to be an extremely severe form. According to literature, its prevalence is 20% and it evolves with serious complications.

### Results

The patient complains: fever, palpitations, fatigue. Replacement of the aortic valve with a mechanical prosthesis, abscess drainage of the Ao caused by endocarditis, performed in December 2021. Objective data: pale skin, prosthetic valve noise, systolic murmur at the apex and diastolic at the Ao, HR 100 b/min. *Streptococcus gallolyticus* was isolated from the blood cultures. Paraclinical: anemia, leukocytosis, thrombocytopenia, increased ESR. Echocardiography: dysfunction of the aortic prosthetic valve with regurgitation and mitral valve vegetation. Combination antibiotic therapy, antifungals, anticoagulants with the decision of emergency surgery.

### Purpose

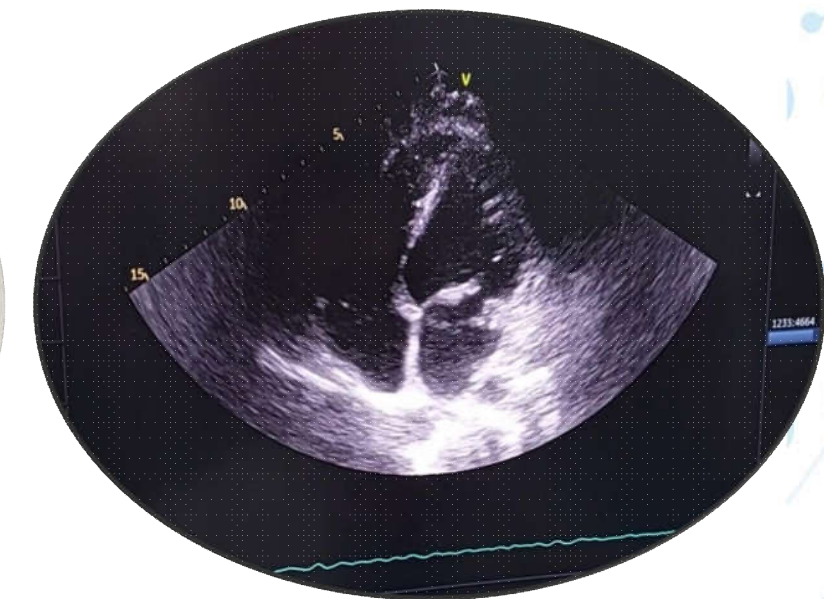
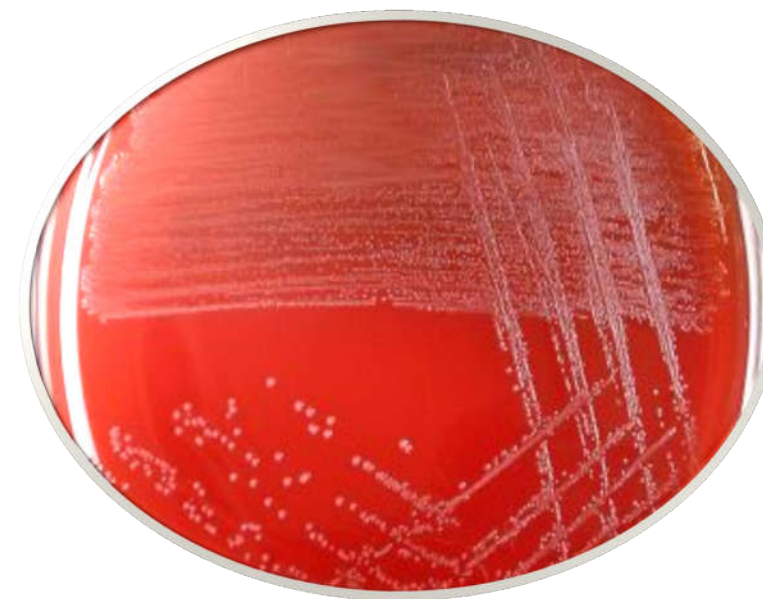
We present the clinical case of the patient with early prosthetic valve endocarditis in active form, with dysfunction of aortic prosthesis and mitral valve vegetations, trigger *Streptococcus gallolyticus*.

### Conclusions

This clinical case reveals that the early recurrence of prosthetic valve endocarditis is a severe complication of the disease, with a high death rate. Timely diagnosis and emergency surgical correction lead to a favorable prognosis.

### Material and methods

Patient C. with the age of 33 was hospitalized in the cardiology department of SCM „Holy Trinity” with the diagnosis of early prosthetic valve IE, active form. The patient was evaluated clinically and paraclinically.



### Keywords

Infective Endocarditis, prosthetic heart valve, *Streptococcus gallolyticus*.