



5. CARDIAC ABSCESS, FATAL COMPLICATION IN INFECTIVE ENDOCARDITIS, CLINICAL CASE

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Introduction. The incidence of infective endocarditis (IE) is 3-10 per 100.000 people/year, the disease causing a high mortality rate (30%) in 1 month. The incidence of cardiac abscesses among patients with IE is between 30-40%, and the aortic valve (AoV), the interventricular septum, and the mitral valve (MV) are the most affected cardiac structures.

Case statement. The 82 y.o. man was hospitalized by emergency in the V-th Department of the Institute of Cardiology with complaints: dyspnea during minimal physical activity, fatigue, fever, sweating. Objective data: pallor of the teguments, moderate peripheral edema, decreased basal vesicular murmur, arrhythmic heart sounds, mitral diastolic and aortic systolic murmur, HB - 81 b/min, BP - 100/60 mmHg. Paraclinical: Hb 138 g/l, erythrocytes 4.48×10^{12} , leukocytes 7.4×10^9 , prothrombin 68%, CRP 48 U/L. EcoCG: EF- 45%. Old vegetations on the aortic valve. Moderate stenosis of AoV, regurgitation of MV III deg., AoV - II deg., TrV - IV deg. Severe pulmonary hypertension. Suspected myocardial abscess in right atrium (RA) and fistula between the right coronary sinus and RA. Chest X-ray: Hydrothorax in the left sinus and subdiaphragmatic. Enlarged transverse diameter of the heart. The treatment with triple antimicrobial and antifungal therapy, cardiac glycosides, anticoagulants and diuretics was initiated and the team discussed the emergency of the surgical treatment.

Discussions. In this case, due to the unstable condition of this patient, the doctors decided to postpone the surgical intervention until the additional investigations are made. This led to the significant worsening of the patient's condition and the decompensation of the cardiac pathology.

Conclusion. Infective Endocarditis complicated with cardiac abscess requires prompt eradication of the infection by emergency cardiac surgery, to save the patient and minimize the chance of other complications developing.