



15. INFECTIVE ENDOCARDITIS CAUSED BY STAPHYLOCOCCUS AUREUS

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Introduction. Infective endocarditis (IE) is an infection of the endothelium of the heart that can occur in 1-6% of patients. The clinical presentation may present as an acute, subacute, or chronic condition reflecting the variable causative microorganisms, the most prevalent cause being *Staphylococcus aureus* (~26.6%).

Case statement. A 59-year-old male patient, presented to the hospital with an altered general condition: afebrile, pain in the right hypochondrium, severe lumbago on mobilization and paresthesias of the lower limbs with an onset of approximately 4 weeks. During the transthoracic and transesophageal echocardiography, a hyperechoic formation on the atrial face of the posterior mitral valve is revealed, causing a severe mitral regurgitation, with septic embolization: L5-S1 spondylodiscitis with left foraminal inflammation with a small left paravertebral abscess (2.52/4.3/1.26 cm) at the hepatic and splenic level. The presence of two major criteria (two positive blood cultures with *S.aureus*, echocardiographically documented vegetation) and one minor (embolic phenomena) established the diagnosis of infective endocarditis, requiring surgical intervention. After the debridement of the infected tissue, the medical team opted for the mitral valve prosthesis using a patch of bovine pericardium.

Discussions. In our case, the late diagnosis, the patient's age, his medical history: type 2 diabetes, viral hepatitis C, as well as post-infective endocarditis complications made medical treatment difficult, decreasing the patient's life expectancy.

Conclusion. Infective endocarditis is associated with significant morbidity and mortality despite improvements in diagnosis and microbiological techniques. It is imperative to establish an early diagnosis and a prompt surgical intervention is necessary.