MANAGEMENT OF COMPLICATED INFECTIVE ENDOCARDITIS IN THE IMMUNOCOMPROMISED PATIENT

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Background. Infective endocarditis represents a major public health challenge. The incidence of infective endocarditis is 13.8 cases per 100,000 population, causing 66,300 deaths annually worldwide. Among immunocompromised patients with HIV/AIDS, the incidence of infective endocarditis is increasing.
Objective(s). Evaluation, management, and complex treatment approach of the immunocompromised patient (HIV-infected) with complicated infective endocarditis and multiple comorbidities.
Materials and methods. A 45-year-old patient with HIV/AIDS, intravenous drug user was evaluated, admitted in critical condition with fever, hemoptysis, tachycardia, and chest pain. The diagnosis of IE, septic pulmonary embolism, sepsis and septic anemia was established. The evaluation including ECG, echocardiography, chest X-ray, CT scan and laboratory investigations.
Results. Initially, dual antibacterial therapy with amikacin and meropenem was administered, according to the antibiogram. Later, on the seventh day of treatment, due to increased leukocyte count and ESR levels, the antibacterial therapy was modified, and gentamicin and vancomycin were added. Analgesics, iron supplements, beta-blockers, and anticoagulants were also administered concurrently. Under treatment, the patient's condition improved. The patient was dynamically evaluated and monitored. On the 19th day of treatment, with a favorable evolution, the patient was discharged with recommendations to continue therapy in oral form.
Conclusion(s). Immunocompromised intravenous drug users are at high risk of developing infective endocarditis. Continuous evaluation and monitoring are essential. A comprehensive therapeutic approach and patient adherence are critical for improving prognosis and achieving successful recovery.
Keywords: Infective endocarditis, sepsis, pulmonary septic embolism

FAMILIAL HYPERCHOLESTEROLEMIA WITH MULTIPLE EXPRESSION: VENTRICULAR TACHYCARDIA, HYPERTHYROIDISM, AND SUGGESTIVE CLINICAL STIGMATA

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Background. Familial hypercholesterolemia (FH) is a monogenic condition often underdiagnosed, with a high risk of early atherosclerosis. Its association with thyrotoxicosis and arrhythmias complicates differential diagnosis and requires a multidisciplinary approach guided by clinical scores and phenotypic markers.
Objective(s). Presentation of a case of familial hypercholesterolemia (Dutch score), with thyrotoxicosis, tachyarrhythmias, arcus senilis, giant lipoma, and triple-vessel disease, requiring multidisciplinary care.
Materials and methods. Male, 62, admitted for headache, HTN and palpitations. Holter ECG: paroxysmal atrial flutter and non-sustained ventricular arrhythmias. LDL 7.32 mmol/L, total cholesterol 8.38, HDL 0.77, triglycerides 1.6. TSH <0.01, TI-RADS 5 nodule. Bilateral