

INFECTIVE ENDOCARDITIS IN A PACIENT WITH DIABETES MELLITUS. CLINICAL CASE

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Background. Infective endocarditis (IE) frequently develops in immunocompromised patients with multiple comorbidities: diabetes mellitus (DM) (17–30%), hepatitis, liver cirrhosis, renal diseases, cancer, or AIDS. Patients with DM have severely reduced immunity, increasing the risk of bacteremia and sepsis.

Objective(s). Clinical case presentation of a diabetic patient with infective endocarditis, with a severe course and multiorgan complications, intended to highlight the clinical complexity.

Materials and methods. A 30-year-old man with DM and IE caused by *Streptococcus viridans* post-dental infection, involving the aortic valve (AV), was admitted to the CMH "Holy Trinity". Anamnesis: dyspnea, retrosternal pain, and low fever. Clinically and paraclinically evaluated by blood cultures, echocardiography, electrocardiography, clinical and biochemical tests.

Results. Patient with diabetes and hepatitis C virus infection with: fever 38.5°C, chills, sweating, fatigue. Objective: pale skin. Rhythmic heart sounds, HR 100 bpm, systolic murmur at apex, BP 120/90 mmHg. Results *viridans* detected in BC. EcoCG: 10 mm mobile vegetations on the aortic valve, grade III AV regurgitation, EF 65%; Hb 110 g/l, erythrocytes: 3,2 x10¹², leukocytes: 10 x10⁹, ESR 45 mm/hour; ASLO 1:200; ALT 78 mmol/l, urea 10 mmol/l, creatinine 112 mmol/l, RF 48 U/l; CRP 10 U/l. Abdominal USG: hepatomegaly. Combined treatment with 2 antimicrobial drugs in maximum doses, antifungals, beta blockers, diuretics, hepatoprotectors.

Conclusion(s). Infective endocarditis in patients with diabetes progresses with severe renal and vascular complications, which highlights the importance of holistic investigation for early detection of multiorgan involvement, facilitating effective treatment and a favorable prognosis.

Keywords: diabetes mellitus, infective endocarditis, complications

INFECTIVE ENDOCARDITIS COMPLICATED BY SEPTIC NEPHRITIS. CLINICAL CASE

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Background. Infective endocarditis (IE) is a severe microbial disease that often occurs on the Background. of comorbidities and progresses with multi-organ complications, negatively impacting the disease prognosis. The condition leads to renal dysfunction and may be complicated by embolism and septic nephritis.

Objective(s). Presentation of a clinical case of streptococcal infective endocarditis complicated by septic nephritis, highlighting the role of early diagnosis and multidisciplinary management.

Materials and methods. A 63-year-old male with prosthetic valve IE caused by group D streptococcus affecting the aortic valve (AoV). Medical history revealed onset with fever, chills, sweating, dyspnea, parasternal pain. He was clinically and paraclinically investigated through blood cultures, ECOCG, clinical and biochemical analyses, nephrologist consultation.