## 20. NOSOCOMIAL INFECTIVE ENDOCARDITIS IN THE BACKGROUND OF HYPERTROPHIC CARDIOMYOPATHY. CLINICAL CASE

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**Introduction.** Infective endocarditis (IE) is a severe pathology, non-responsive to treatment with a lethal end in 20-25%. Risk factors of IE are subdivided in 3 categories: predisposing cardiac pathologies, morbid circumstances and comorbidities. Among predisposing cardiac pathologies for IE are: congenital cardiopathies (10,3%), rheumatic valvulopathies (46.3%), valvular prostheses (30.3%), degenerative cardiopathies (3%), IE in the history (8.8%) and hypertrophic cardiomyopathy in 2.2%.

**Case statement.** Man, 66 y.o. was admitted to the Institute of Cardiology in November 2023, a little over 6 months after heart surgery with complaints: dyspnoea in moderate physical exertion, fever (up to 39°C), abundant nocturnal sweating, fatigue, and decreased tolerance to physical exertion. Objective data: diminished basal murmurs on the right, arrhythmic heart sounds, protodiastolic sound in the projection of the prosthesis, FCC 68b/min, BP 100/70mmHg. Objective data: toxic anemia (HB 118g/l x 109), leukocytosis (L 22.5g/l x 1012), increased ESR (46mm/h), increased CRP (48mg), glycemia (7.80 mmol/l), increased INR (2.48), low prothrombin because of oral anticoagulants administration (27.7%) and creatininemia 120µmol/l. Hemoculture with Mycoplasma pneumoniae detection. EcoCG: mobile linear vegetations (2-3mm) in AoV prosthesis, aortal paraprothetical regurgitation of 2-nd degree, regurgitation on MV 2-nd degree and on TrV 2-nd degree. EKG: paroxistic atrial fibrillation, tachisitolic, postoperative sechele in anterior region of the LV. Treatment: tachysistolic, paroxysmal atrial fibrillation, postoperative sequelae in the anterior region of LV. Treatment: Vancomycin 2g/day, Gentamicin 240mg/day, Levofloxacin 1g/day, antifungals, anticoagulants, statins, β-blockers and diuretics.

**Discussions.** This case represents clinical interest because this is a case of nosocomial IE, with Mycoplasma pneumoniae involvement that is used only in cases with detection of this microorganism.

**Conclusion.** Patient known with obstructive hypertrophic cardiomyopathy, develops over 6 months after partial septal myoectomy with aortic valve replacement with biological prosthesis and aorto-caronary bypass, nosocomial IE. The pathology was established early, solved conservatively by adequate treatment, which caused a favorable prognosis.