

Monoarthritis kao prva manifestacija Streptococcus sanguis endokarditisa dvolisne aortne i mitralne valvule – prikaz slučaja

Monoarthritis as first manifestation of Streptococcus sanguis endocarditis on bicuspid aortic and mitral valve – case report

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Uvod: Infektivni endokarditis (IE) je po život opasna bolest srčanih zalistaka koja usprkos suvremenih terapijskih mogućnosti ima lošu prognozu i visoku smrtnost. Češće se javlja u bolesnika sa stečenim ili prirođenim srčanim greškama, a najčešće je bakterijske etiologije. Ehokardiografija je ključna pretraga u postavljanju dijagnoze IE. Obzirom na različite, često netipične oblike prezentacije, ova kompleksna zarazna bolest i danas predstavlja dijagnostički izazov usprkos napretku kliničke prakse.¹⁻⁵

Prikaz slučaja: 47-godišnji bolesnik s tromjesečnim intermitentnim febrilitetom i bolovima u desnom kuku, hospitaliziran je u hitnoj službi zbog suhog kašlja i osjećaja nedostatka zraka u minimalnom naporu koji su se javili nekoliko dana pred prijem. Bolesnik je dva mjeseca ranije liječen na Klinici za ortopediju zbog sinovitisa desnog kuka. Sada je učinjen hitni ultrazvuk srca koji je ukazao na endokarditis dvolisne aortne valvule uz tešku aortnu i mitralnu regurgitaciju. Transezofagusnim ultrazvukom postavljena je sumnja na paravalvularni apsces aorte sa širenjem u bazu prednjeg mitralnog kuspisa. Započeta je empirijska antibiotska terapija, a nakon hemodinamske stabilizacije je bolesnik podvrgnut hitnom kardiokirurškom zahvatu. Uspješno su implantirane biološka aortna i mitralna valvula. Iz naknadno pristiglih hemokultura, izoliran je Streptococcus sanguis.

Zaključak: IE može imati brojne, različite i često netipične kliničke prezentacije, pa u svakom protražiranom febrilitetu valja na njih misliti. Febrilne upale muskuloskeletnog sustava nejasne etiologije mogu predstavljati prvu manifestaciju endokarditisa. Bolesnici s prirođenim srčanim greškama poput dvolisne aortne valvule u posebnom su riziku za razvoj ovakvih komplikacija. Iako je u ovom slučaju dvolisna aortna valvula jasna predilekcija za razvoj IE, podatak da se Streptococcus sanguis IE češće javlja u bolesnika sa zloćudnim i upalnim bolestima probavne cijevi postavlja pred nas još i pitanje naknadne gastroenterološke obrade.

Introduction: Infective endocarditis (IE) is a life-threatening disease of the heart valves that despite modern therapeutic options has a poor prognosis and high mortality. IE occurs more often in patients with acquired or congenital heart disease, and the etiology is usual bacterial. Echocardiography has the key role in establishing the diagnosis. Given the different, often atypical forms of presentation, this complex infectious disease still represents a diagnostic challenge despite the progress of clinical practice.¹⁻⁵

Case report: 47-year-old patient with quarterly intermittent fever and pain in the right hip, was hospitalized because of dry cough and breathlessness at minimal effort that occurred few days before admission. Two months earlier, the patient was treated at the Clinic for Orthopaedic Surgery due to synovitis of the right hip. The emergency echocardiography showed endocarditis of the bicuspid aortic valve with severe aortic and mitral regurgitation. Transesophageal ultrasound demonstrated a paravalvular abscess of the aortic valve that was expanding forward the base of the anterior mitral leaflet. With administration of empirical antibiotic therapy, and after hemodynamic stabilization, the patient underwent emergency cardiothoracic surgery. The biological aortic and mitral valve were successfully implanted. From later received blood cultures, Streptococcus sanguis was isolated.

Conclusion: IE may have a number of different and often atypical clinical presentations. In every prolonged febrile disease course, we should think on IE. Febrile inflammation of the musculoskeletal system of unknown etiology may represent the first manifestation of IE. Patients with congenital heart disease such as bicuspid aortic valve, are at particular risk for the development of IE. Although in this case the bicuspid aortic valve represents a predisposition for the development of IE, the fact that the Streptococcus sanguis endocarditis is more frequently in patients with malignant and inflammatory gastrointestinal diseases bring us to the question on subsequent gastrointestinal treatment in the present case.

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