

Fatal Infective Endocarditis in a Patient with Cardiac Resynchronization Therapy

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A 71-year-old man who underwent cardiac resynchronization therapy with a defibrillator (CRT-D) implantation five years ago, was admitted by a lengthy febrile illness. An initial transthoracic echocardiogram identified a unique vegetation of 10 mm adhered to device cables. Triple antibiotic was started with initial favorable clinical response, but the control transesophageal echocardiogram (TEE) at ten days showed several large mobile vegetations adhered to CRT-D leads and partially occupying the tricuspid annulus (A-B). Three-dimensional TEE confirmed these findings (C). Accordingly, emergent cardiac surgery for device removal was

indicated (D). The patient died within 48 hours because of septic multiple organ dysfunction syndrome.

Author contributions

Conception and design of the research, Acquisition of data and Critical revision of the manuscript for intellectual content: Fabregat-Andrés O, Bochar-Villanueva B; Writing of the manuscript: Fabregat-Andrés O.

Potential Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Keywords

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This study is not associated with any thesis or dissertation work.

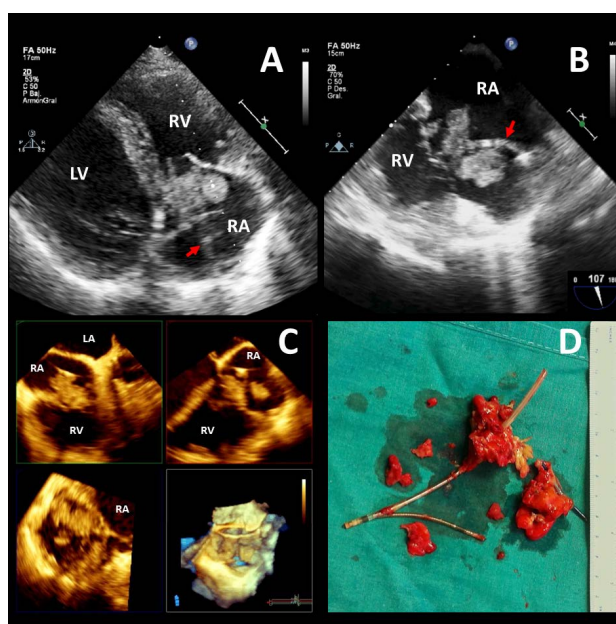
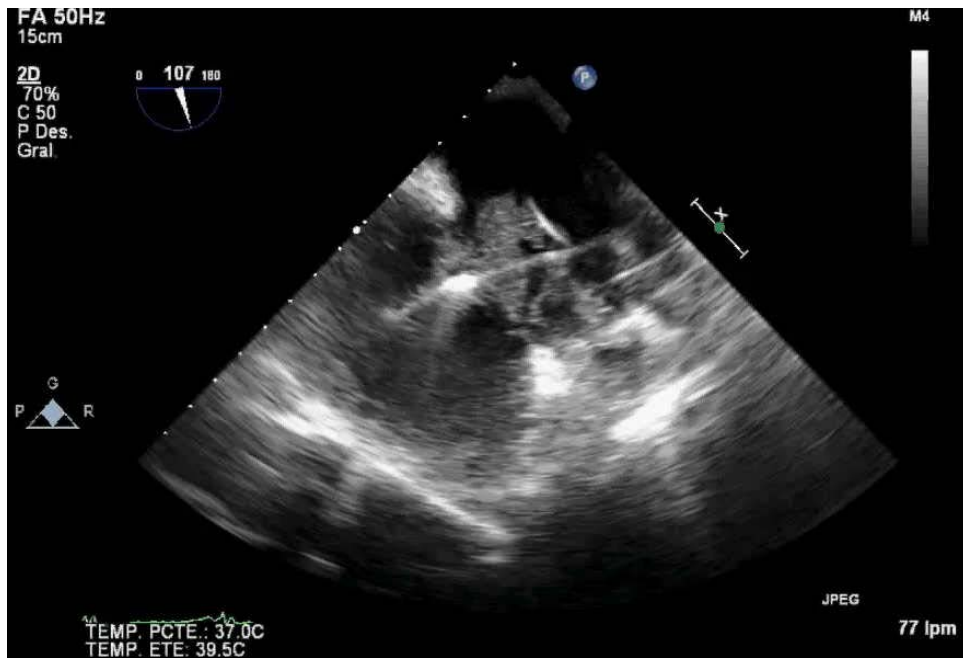
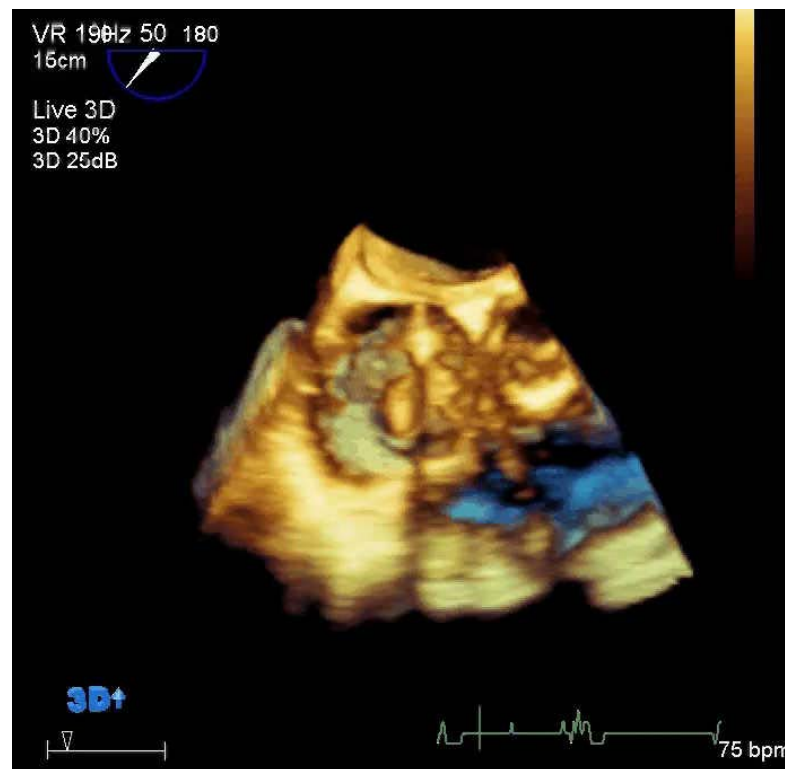


Figure 1 - Infective endocarditis related to cardiac resynchronization therapy. (A-B) Two-dimensional transesophageal echocardiography (TEE) showing the giant vegetation adhered to device leads (red arrow). (C) Three-dimensional TEE showing the spatial orientation of the mass in the tricuspid annulus. (D) Picture of the surgical specimen. RA: right atrium. RV: right ventricle. LA: left atrium.

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Video 1 - Two-dimensional transesophageal echocardiogram showing several large mobile vegetations adhered to device leads and partially occupying the tricuspid annulus.



Video 2 - Three-dimensional transesophageal echocardiogram confirmed the spatial orientation of the giant mass.