

CASE IMAGE

Giant aortic vegetation caused by uncommon microorganism

Olağandışı mikroorganizmaların neden olduğu dev aortik vejetasyon

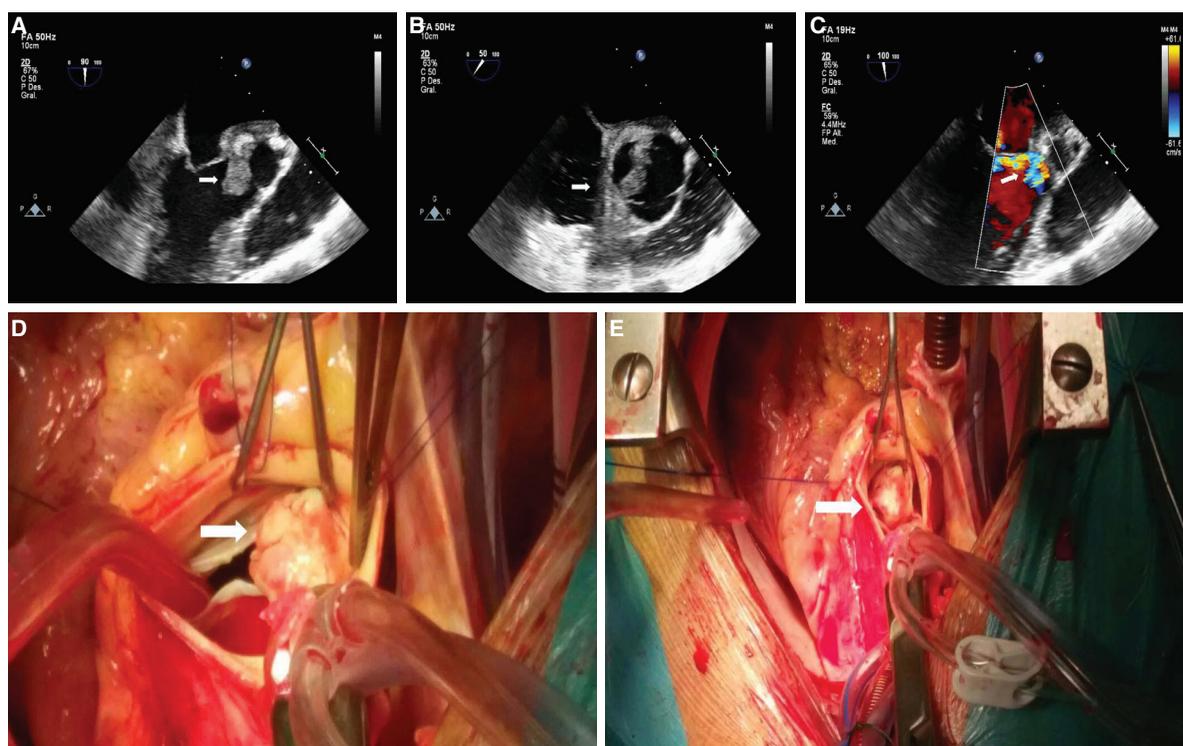
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The epidemiological profile of infective endocarditis (IE) has changed over the last few years, especially in industrialized nations. A 55-year-old male with drinking habit was admitted to the emergency department with fever, dyspnea, and weight loss. Physical examination revealed important protein-calorie malnutrition, and cardiopulmonary auscultation yielded rhythmic heart sounds with systolic and diastolic murmur in aortic area. Transesophageal echocardiography showed trileaflet aortic valve with perforation of 5 mm in non-coronary leaflet, and large mass suggestive of vegetation, which had prolapsed into the left ventricle,

creating significant regurgitation (Figure A–C). Image also revealed extensive, friable perivalvular abscess in the perimembranous and atrial septum at the level of non-coronary leaflet. Large mass affixed to the non-coronary leaflet of the aortic valve was identified during surgery (Figure D, E). Universal 16S ribosomal RNA polymerase chain reaction assay was positive for *Streptococcus agalactiae* (group B). *S. agalactiae* is the leading microbial agent of neonatal pneumonia, sepsis, and meningitis, presenting as early or late-onset disease in human newborns. However, rising incidence of invasive infections in recent years has been described in nonpregnant adults as well as elderly and immunocompromised populations. Infection of the skin and soft parts, and primary bacteremia without focus is the most frequent clinical presentation. Nevertheless, it is an unusual cause of IE. IE due to *S. agalactiae* is very aggressive and early surgery should be considered to prevent valve destruction and serious complications.



Figures– (A) Longitudinal plane of the outflow tract of the left ventricle: aortic valve and non-coronary leaflet with mass prolapsing into the left ventricle and 5-mm perforation at base (arrow). (B) Short axis: extensive perivalvular abscess (arrow). (C) Longitudinal plane of the outflow tract of the left ventricle: severe aortic regurgitation (arrow). (D, E) Surgical findings: large vegetation in the non-coronary leaflet (arrow).