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Urgent Cardiac Surgery for Tricuspid Valve Infective Endocarditis (TVIE): A Case Report

Schipani Roberta[1,2], Greco Rosanna[1], Finizia Luciana[1], Errico Giovanna[1],Derna Riccardo[1], Esposito Nunzia[3], Lanni Francesca[4], Fiorani Brenno[5], Salomone Megna Angelo[3] and Coppola Maria Gabriella[1,6*]

[1]Emergency Medicine Division ,PO Rummo, A.O.R.N. "San Pio" di Benevento (BN), Italy

[2]Postgraduate Specialization in Geriatrics, Luigi Vanvitelli University of Campania (NA), Italy

[3]Infectious Disease Unit, PO Rummo, A.O.R.N. "San Pio" di Benevento (BN), Italy

[4]Coronary Intensive Care Unit, A.O.R.N. Moscati, Avellino (AV), Italy

[5]Cardiac Surgery Unit , A.O.R.N. Moscati, Avellino (AV), Italy

[6]Internal Medicine Unit, PO Rummo, A.O.R.N. "San Pio" di Benevento (BN), Italy

***Corresponding author**
Coppola Maria Gabriella, Emergency Medicine Division, PO Rummo, A.O.R.N. "San Pio" di Benevento (BN), Italy.

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Background: Right-sided infective endocarditis (IE) represents only the 5–10% of IE patients. The most common complications of right-sided IE are valvular insufficiency, embolic events and abscess formation.

Case History: A 33-years-old man presented to the Emergency Department with fever and dyspnoea. Blood tests revealed raised inflammatory markers and chest CT findings were consistent with multifocal pneumonia. Screening for HIV, EBV and CMV infections was negative. Transthoracic echocardiography demonstrated a large, lobulated, hyperechoic, mobile mass (measuring 4 cm) on the tricuspid valve with mild tricuspid regurgitation. The patient reported a history of intravenous drug use. Blood cultures revealed a methicillin-sensitive Staphylococcus aureus bacteraemia for which he was started on intravenous therapy with cefazolin 2 g three times a day and gentamicina 240 mg daily. Patient was transferred in the cardiac surgery department and he underwent urgent right Mini thoracotomy surgery with removal of vegetation on the tricuspid valve and implantation of a biological prosthesis on the tricuspid valve [1, 2].

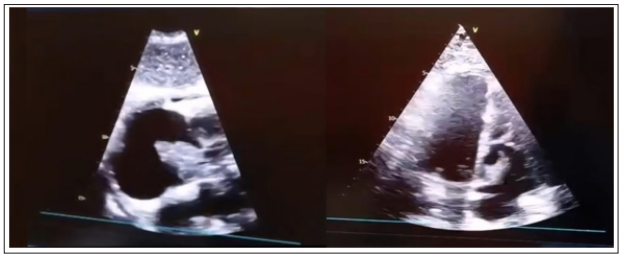

Figure 1: Subcostal and Apical Four-Chamber Views by Transthoracic Echocardiography

Discussion: The indications for surgery in TVIE are not well defined, but it should be considered urgent in the presence of severe valvular insufficiency, right heart failure, vegetation size greater than 2 cm, recurrent septic pulmonary emboli, persistent bacteraemia, septic shock. Earlier intervention prevents further septic pulmonary embolism.

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