Mild stroke symptoms as the initial presentation of a patient with underlying subacute bacterial endocarditis

Ami Kamdar, Michael Debney, James Scott, Diane Ames
Imperial College Healthcare NHS Trust, London, UK

Abstract

We describe a patient with sub-acute bacterial endocarditis, whose chief presenting feature was mild expressive dysphasia.

Case Report

A 68-year-old male presented to our hospital complaining of very mild word finding difficulties. He had instrumental dental cleaning four weeks previously. He had a background history of ischaemic heart disease, mitral valve repair (for mitral valve prolapse), hypertension and paroxysmal atrial fibrillation. On examination, he had a temperature of 37.9°C, very subtle expressive dysphasia, left palmar erythema and a petechial rash on the left little finger pulps. He had raised inflammatory markers and blood cultures grew Enterococcus faecalis. His transthoracic echocardiogram revealed a 5×4 mm vegetation of the anterior mitral valve leaflet (Figures 1 and 2). His brain magnetic resonance imaging (MRI) showed acute bilateral embolic infarcts (Figures 3 and 4).

The patient was treated with six weeks of intravenous antibiotics (amoxicillin, vancomycin and gentamicin) for infective endocarditis. He responded well with falling inflammatory markers and reduction in vegetation size.

Discussion

The epidemiology of infective endocarditis (IE) has changed substantially in the last few years in industrialised nations where the incidence increases with age (peak incidence 70-80 years of age).1 In 30% of patients, embolization to the brain, lung or spleen is the presenting feature.2 The incidence of IE after dental procedures is highly variable and can range from 10-100%.3 Good oral hygiene and regular dental review is of importance for the prevention of IE. Despite major advances in diagnostic and therapeutic procedures, the mortality rate (9.6-26%) of IE has not changed in the last 30 years.1

References