We herein report the case of a normal 63-year-old woman whose initial clinical symptom was a continuous fever above 38 degrees Celsius. Upon admission, a physical examination revealed a continuous heart murmur that was audible at the 2nd intercostals space along the left sternal border. Chest computed tomography revealed that vegetation was attached to the pulmonary arterial wall near the orifice of the duct (Picture 1, 2). Transesophageal echocardiography showed a continuous jet from the aortic arch to the pulmonary artery (Picture 3). She was therefore diagnosed with infective endocarditis due to patent ductus arteriosus. Her blood cultures revealed the presence of Pseudomonas aeruginosa. Surgical management was necessary due to the uncontrollable infection. A mattress suture was placed quickly in order to close the shunt flow via the pulmonary artery. The patient was transferred to the cardiology department at 13 days postoperatively in satisfactory condition without any critical complications. There have thus far been few reports concerning pulmonary endarteritis associated with silent patent ductus arteriosus (1, 2).

The authors state that they have no Conflict of Interest (COI).

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Patent Ductus Arteriosus with Pulmonary Endarteritis

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