Isolated Pulmonary Valve Endocarditis Detected on Multislice CT

Masaki Ikeuchi, Kumi Hisano, Yoshiya Monden and Yoshitoshi Urabe

Key words: endocarditis, pulmonary valve, autopsy, computed tomography

DOI: 10.2169/internalmedicine.52.0005)

A 59-year-old woman was admitted to our hospital with a relapsing high fever. A central venous access port had been implanted three months earlier for treatment of metastatic breast cancer. Unsynchronized multislice CT demonstrated multiple abscesses and an abnormal low-density structure on the pulmonary valve (Picture A and Picture B, arrow). Transthoracic echocardiography confirmed that there was a mass (20×22 mm) attached to the pulmonary valve (Picture C, arrows; Videos I and II). All five sets of blood cultures were positive for Staphylococcus lugdunensis. Removing the venous port and administering appropriate antibiotic therapy were ineffective; however, the patient refused surgical intervention due to her terminal cancer. Her general condition deteriorated rapidly and she died 18 days after admission. An autopsy revealed vegetation strongly attached to all three cusps of the pulmonary valve (Picture D), while the other valves and endocardium were not affected. LV: left ventricle; RA: right atrium; RV: right ventricle.

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