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Different Pulmonary Complications of Tricuspid Valve Endocarditis in Intravenous Drug Abusers

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Introduction: Infective endocarditis (IE) is a life-threatening disease being more frequent in men than women despite advances in diagnosis and treatment. Although left-sided valves involvement have been reported recently, tricuspid valve endocarditis are more common in intravenous drug abusers (IVDAs). We here presented 2 cases with 2 different pulmonary complications such as pleural effusion and septic pulmonary embolism of infective endocarditis.

Case 1: A 25-year-old smoker male admitted to the emergency department in our tertiary-care hospital with fever and weight loss. He has known to be a long-term intravenous drug users (bonzai as an intravenous route). Serological results have been shown as a HIV negative and HCV positive. Laboratory tests revealed; leukocytosis ($15.000/\text{mm}^3$), profound anemia (hemoglobin: 8.4 mg/dL), thrombocytopenia ($81.000/\text{mm}^3$), hyponatremia (125mEq/L), hypoalbuminemia (1.9 gr/dL) with elevated ALT and AST. Chest radiography revealed left-sided pleural effusion. Haemorrhagic exudative effusion has been detected with lymphocyte predominance in the analysis. Tricuspid valve vegetation has been shown in echocardiography. Staphylococcus aureus has been detected in blood cultures. The patient transferred to the ICU on the 4th day and died due to multiorgan failure on the 90th day of the hospitalization.

Case 2: A 26-year-old male presented with fever, chest pain, dyspnea and haemoptysis. He has a history of intravenous drug users last 5 years together with smoking history (10 pack/year). Bilateral inspiratory crackles in physical examination. Serological results for HIV was negative. Diffuse patchy infiltration predominant in lower zones and cavitory lesions has been detected in high resolution CT as consistent with septic pulmonary embolism. Ceftriaxon has been started as an empirical treatment. Meticillin sensitive (MSSA) staphylococcus aureus has been detected in blood culture. Vegetation has been shown in tricuspid valve. Patients has been treated with vancomisin, clinical response has been detected after 4th day.

Conclusion: IE is mostly caused by Staphylococcus aureus, Pseudomonas aeruginosa, streptococci, enterococci and staphylococcus epidermidis. S. aureus is the more frequent IE etiological agent among IVDAs as a similar in our patients. Early diagnosis and treatment would be critical for the outcome.

Keywords: Endocarditis, septic pulmonary embolism, tricuspid valve, intravenous drug