

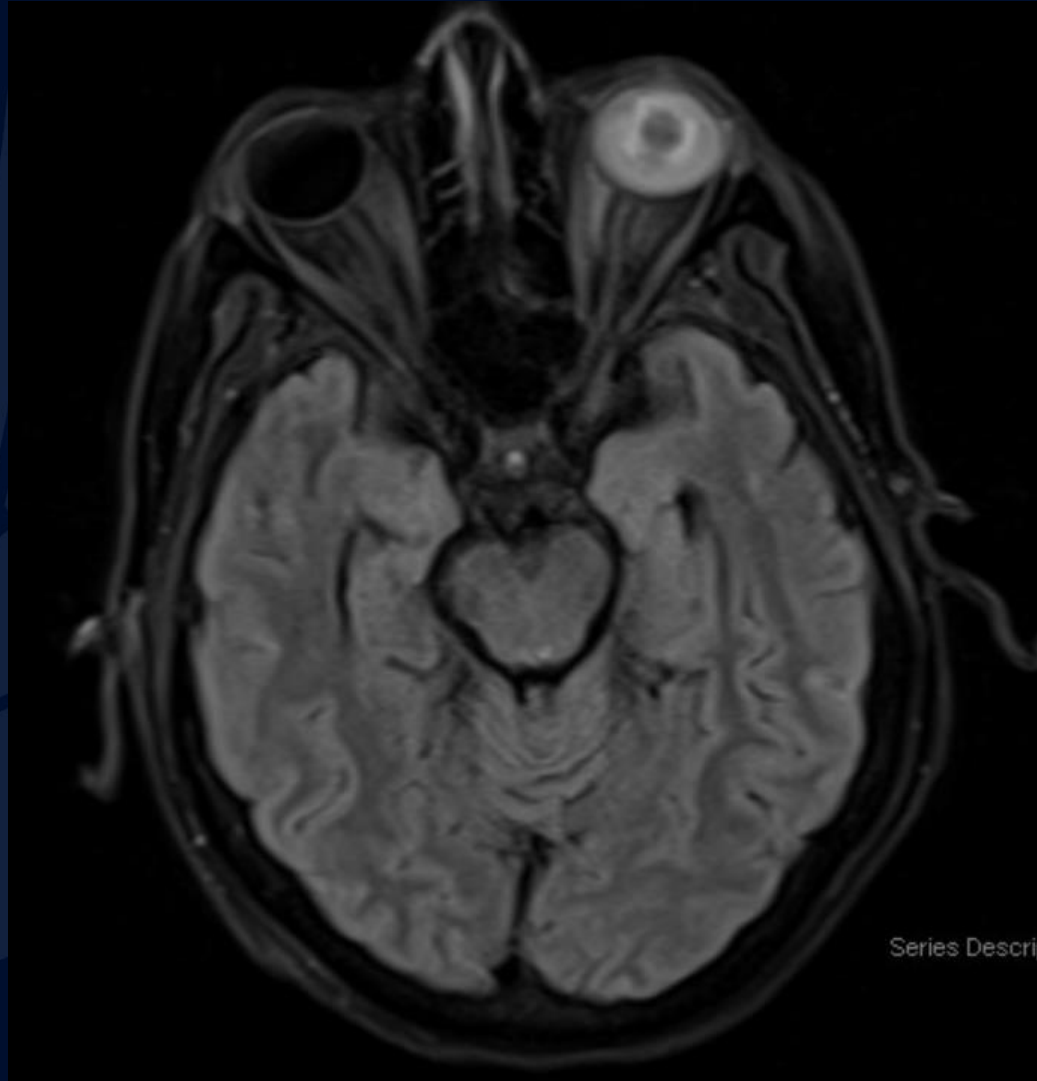
57-year-old female with a history of hepatitis C and IVDU presenting with fever, shortness of breath and both upper and lower extremity paresthesias

Timothy D Mason, MS3

T2



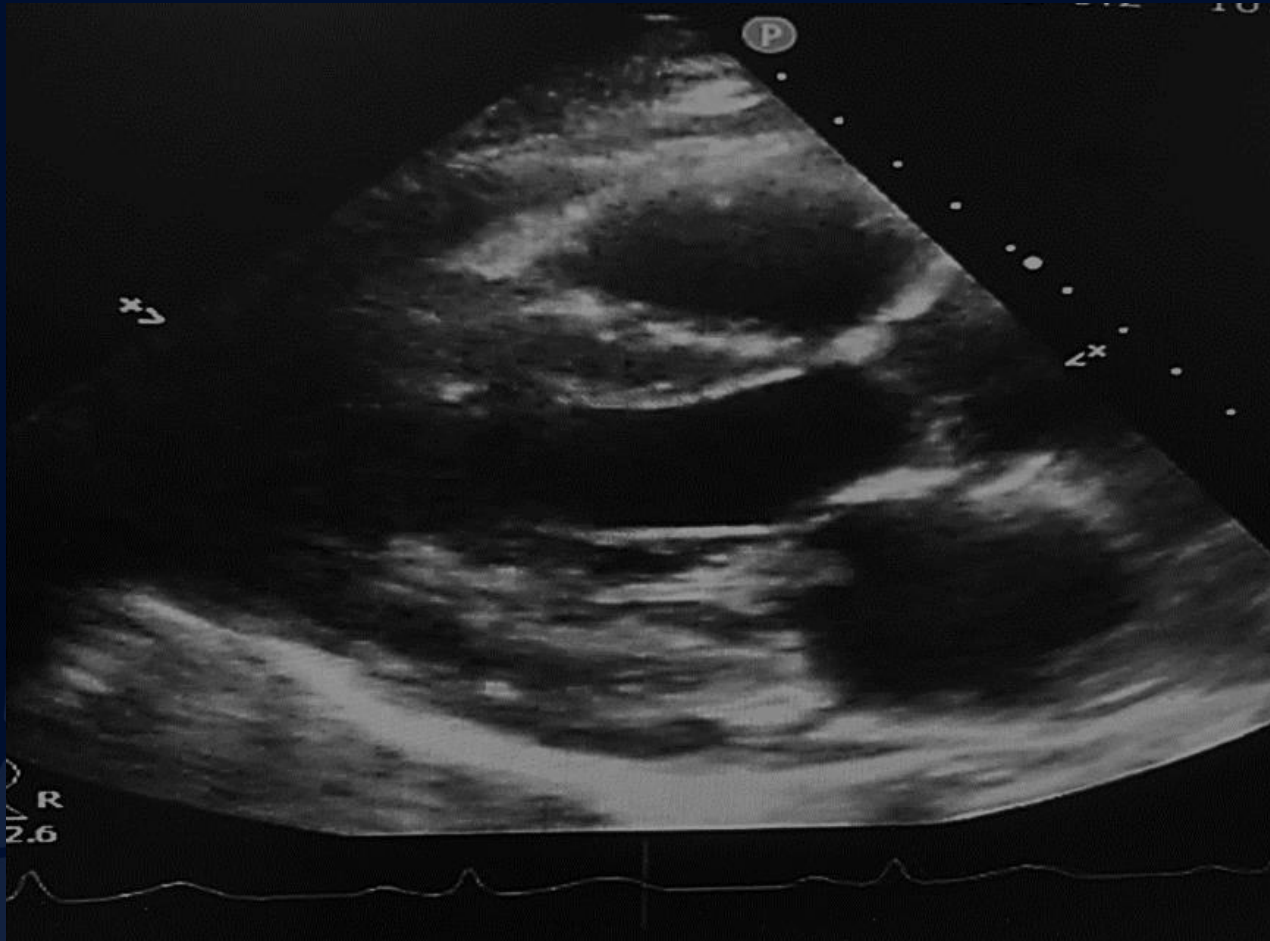
T1



CT



Parasternal Long Axis Echocardiogram



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

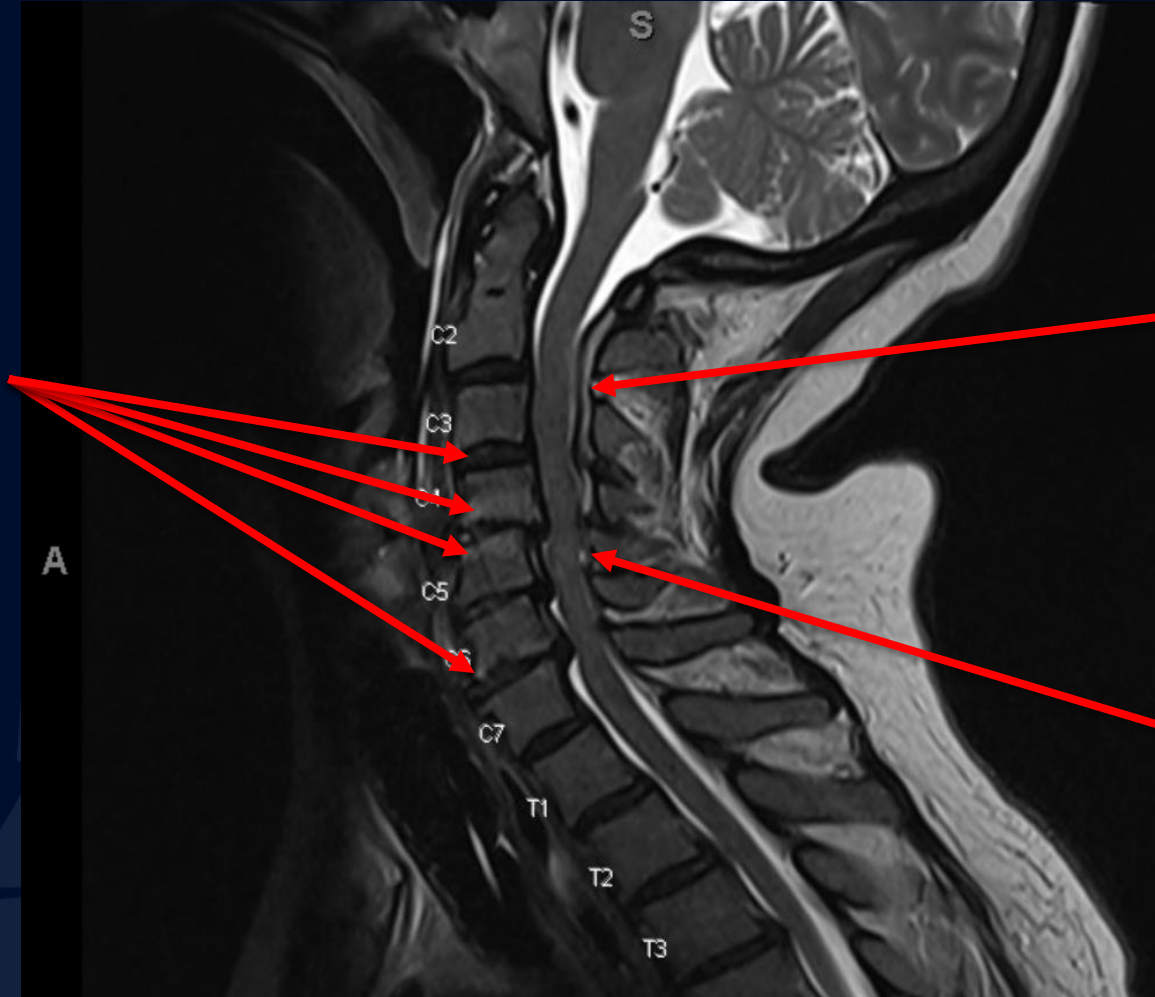
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A large, stylized, dark blue oak leaf graphic is positioned on the left side of the slide, extending from the top to the bottom. The leaf has a prominent central vein and several smaller veins branching off it. The overall background is a dark blue color.

Streptococcus Endocarditis

T2

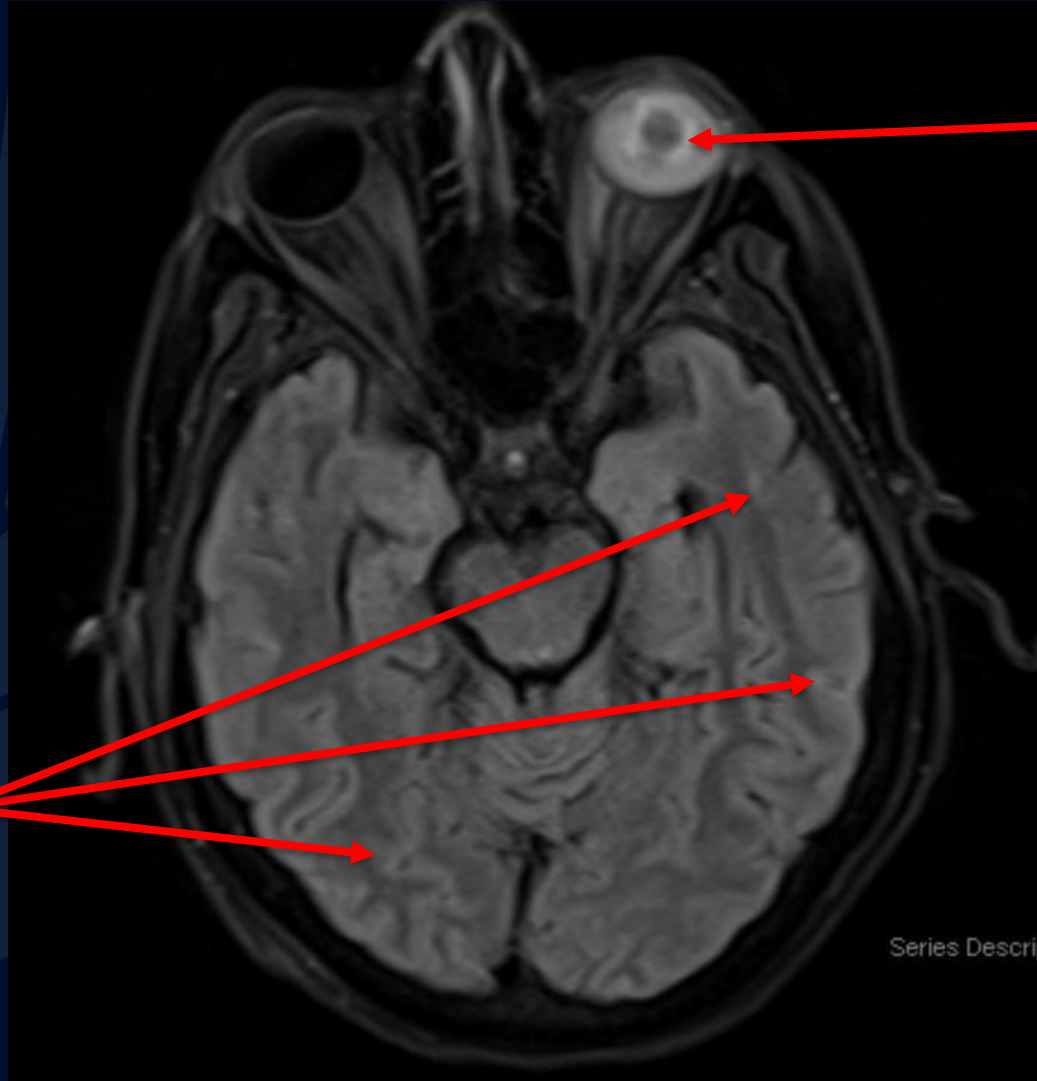
Marrow edema



Epidural abscess
extending from
C2-C5

Associated cord
compression
and edema

T1



Hyperintense globe with lens displacement

Multiple hyperintense foci represent embolic infarctions

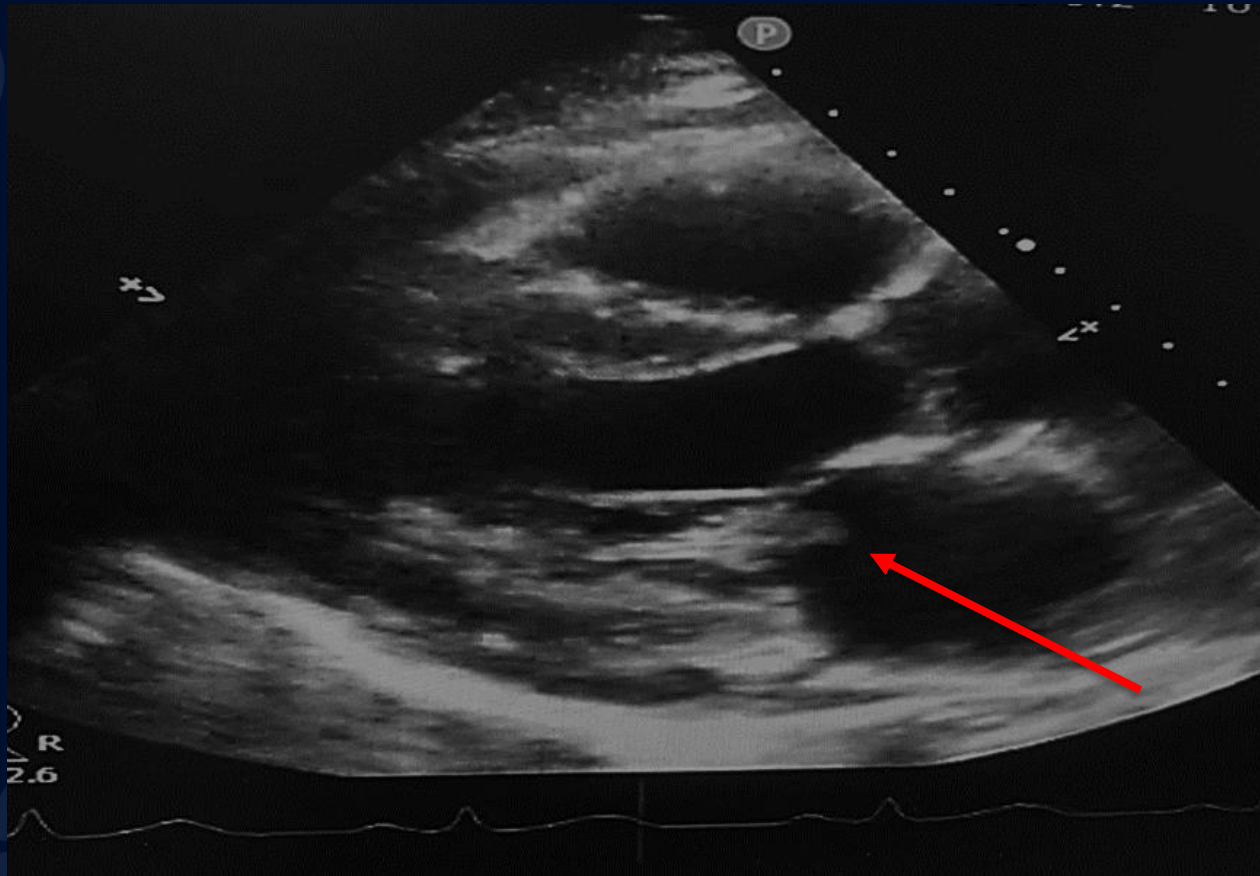
CT

Hepatic infarction



Splenic hypodensity may represent hemorrhage or abscess contained by splenic capsule

Parasternal Long Axis Echocardiogram



1 cm vegetation on the mitral valve;
mild regurgitation seen on the doppler

Streptococcus Endocarditis

- Pathophysiology
 - Bacteremia secondary to IVU can seed damaged valves creating a nidus of infection. Bacteria colonize and produce biofilms that adhere to the valve which may result in vegetation
- Risk Factors
 - Prosthesis, implantable cardioverter-defibrillator, pacemakers, IV drug use, immunodeficiency
- Clinical Presentation
 - Fever, dyspnea, abdominal pain, petechiae, janeway lesions, osler nodes, roth spots, new murmur
 - Neurologic symptoms (septic emboli and hematogenous seeding to remote sites are frequent)
- Complications
 - Heart failure, septic embolic infarction, widespread infection (endophthalmitis, septic arthritis, epidural abscess)

References

- Pettersson, G. B., et.al (2017). 2016 The American Association for Thoracic Surgery (AATS) consensus guidelines: Surgical treatment of infective endocarditis: Executive summary. *The Journal of thoracic and cardiovascular surgery*, 153(6), 1241–1258.e29. <https://doi.org/10.1016/j.jtcvs.2016.09.093>
- Tuchman, A., Pham, M., & Hsieh, P. C. (2014). The indications and timing for operative management of spinal epidural abscess: literature review and treatment algorithm. *Neurosurgical focus*, 37(2), E8. <https://doi.org/10.3171/2014.6.FOCUS14261>
- Wang, A., Gaca, J. G., & Chu, V. H. (2018). Management Considerations in Infective Endocarditis: A Review. *JAMA*, 320(1), 72–83. <https://doi.org/10.1001/jama.2018.7596>