

## Images in clinical medicine



# Severe tricuspid valve destruction due to untreated endocarditis

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## Severe tricuspid valve destruction due to untreated endocarditis

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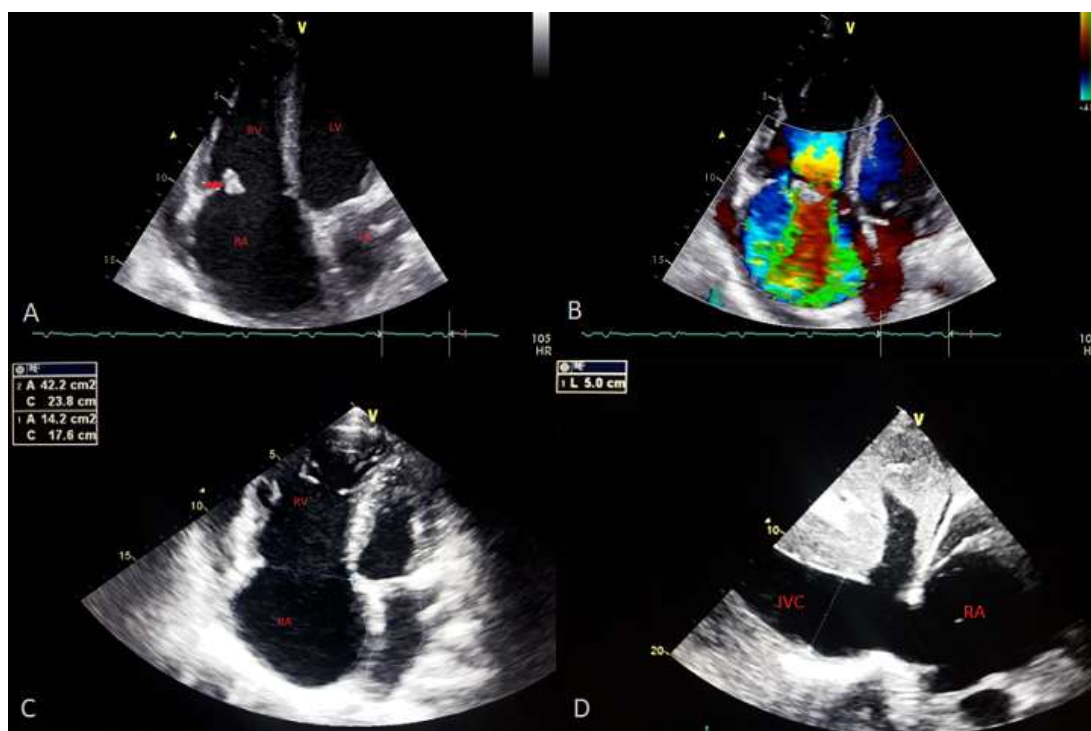
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A 23 years old previously healthy man, admitted for tricuspid infective endocarditis complicated with severe tricuspid regurgitation and multiple septic pulmonary embolism. (A,B). Blood cultures grew multiresistant (*Enterobacter cloacae*). He was treated with Imipenem 3g per day with Amikacin 900mg per day for 22 days. Given the uncontrolled infection and the worsening of the tricuspid regurgitation, surgery was indicated, but was not performed due to lack of means. After his discharge, the patient was admitted several times for acute right heart failure. Two years follow up echocardiography showed a destruction of the tricuspid valve, dilatation of the right cavities, and paradoxical motion of the septum (C,D). Tricuspid

valve infective endocarditis represents 5 to 10% of all infective endocarditis (IE) cases. In 70-85% of cases, it is successfully treated conservatively, and surgery is only considered for large vegetation with recurrent septic pulmonary emboli, persistent bacteremia, and less often for severe tricuspid regurgitation (TR) and heart failure.

Complete tricuspid valve endocarditic destruction is rarely described in the literature, and may lead to irreversible severe right heart failure. This case highlights the necessity of early and prompt medical and surgical management to reduce morbidity related to this condition.



**Figure 1:** severe tricuspid valve destruction due to untreated endocarditis