



There is an increasing incidence of infective endocarditis secondary to central venous catheters, which is termed as ‘healthcare-associated infective endocarditis’” Sundhu et al (2017).

Abstract;

There is an increasing incidence of infective endocarditis secondary to central venous catheters, which is termed as ‘healthcare-associated infective endocarditis’. There is an increased risk of getting infective endocarditis in conditions with malnutrition and also if the tip of the central venous catheter is deep in the right atrium close to the tricuspid valve.

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We present a case of 31-year-old female who had all these risk factors. She was admitted to the hospital for the work up of the weight loss and was diagnosed with celiac disease. Central venous access was obtained because of poor peripheral intravenous access via the peripherally inserted central catheter which was complicated by thrombosis and removed after three days of insertion, and she was started on anticoagulation. Two weeks after being discharged, she presented to the emergency department with fever, shortness of breath, and had signs of congestive heart failure. A computed tomography of the chest for pulmonary embolism was taken and showed small clot burden pulmonary embolism and two cavitory

lesions in the right lung. A transthoracic echocardiogram was taken and showed vegetation on the tricuspid valve and blood cultures were positive for *Staphylococcus aureus*. Hence, a diagnosis of infective endocarditis was made, and she was treated with intravenous antibiotics for a total of six weeks after a long and complicated hospital stay.

Reference:

Sundhu, M., Mohapatra, S., Arobelidze, S., Gundelly, P. and Changarath Vijayan, A.K. (2017) Infective Endocarditis in a Patient with Celiac Disease after Central Venous Catheter Insertion. 9(2), p.e1027.

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