

[PICTURES IN CLINICAL MEDICINE]

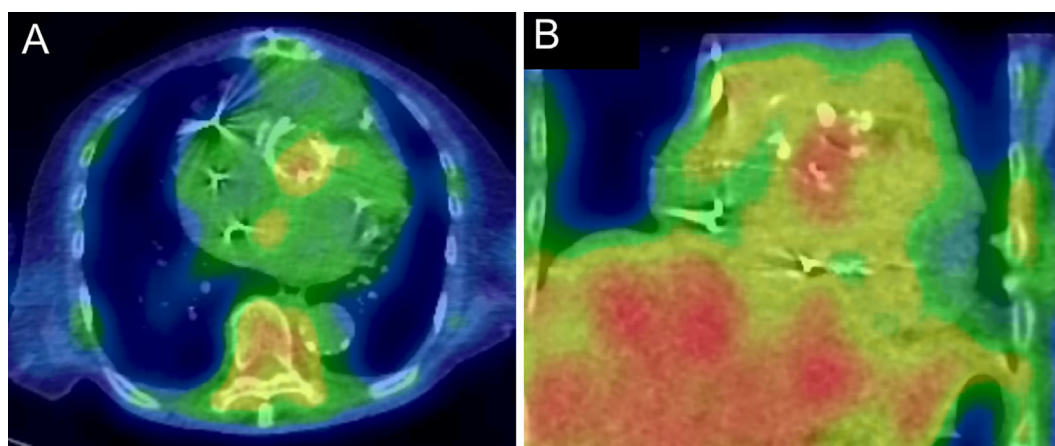
Prosthetic Aortic Valve Endocarditis

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Key words: infective endocarditis, enterobacter cloacae, Ga-SPECT scintigraphy, prosthetic valve endocarditis

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Picture.

An 89-year-old woman who had received aortic valve replacement and pacemaker implantation 3 years before admission was hospitalized with a low-grade fever. Blood cultures repeatedly detected *Enterobacter cloacae*, and transesophageal echocardiography (TEE) revealed periannular wall thickening that could not be confirmed to be a periannular abscess. Gallium single-photon emission computed tomography (SPECT) scintigraphy to confirm the diagnosis revealed increased activity as a red spot around the posterior side of the prosthetic aortic annulus, next to the thickened atrial wall noted on TEE (Picture; A: axial view, B: coronal view). Follow-up of TEE revealed a thinning lesion at the periannular wall after two-week treatment of intravenous cefepime and ciprofloxacin. Gallium SPECT scintigraphy was a useful noninvasive modality in this case, as it is difficult to diagnose prosthetic valve endocarditis caused by non-HACEK Gram-negative bacillus because of its rareness as a pathogen (1) and the low sensitivity of modified Duke's criteria for prosthetic valve endocarditis due to an impaired im-

age quality by artifacts or acoustic shadow with implanted cardiac devices (2).

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

References

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