Aspiration of septic emboli: endocarditis-related infarction

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gulf PCR 2015

Potential conflicts of interest

Speaker's name: Ioannis Tsiafoutis

☑ I do not have any potential conflict of interest

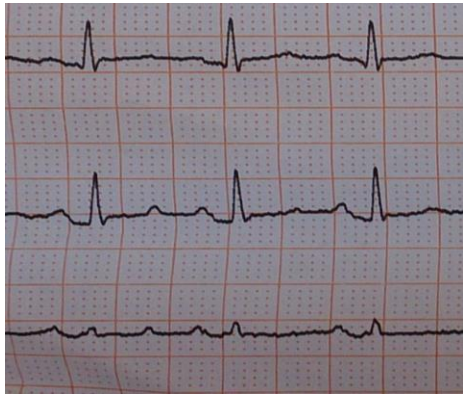
- 55 yrs woman was transferred from local hosp

for coronary angio after an ACS

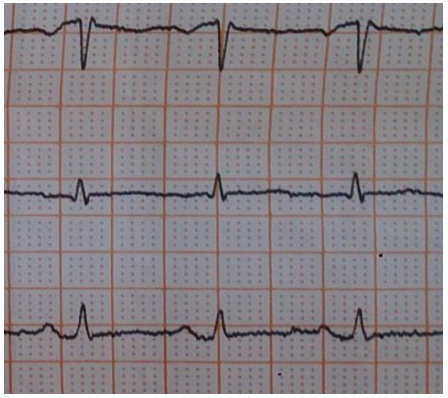
- Chest pain, ECG changes, Troponin raising, hypokinesia in anterolateral LV wall
- Acute aphasia
- Fever three days ago, vomiting, nausea

- Risk factors
  - Smoking

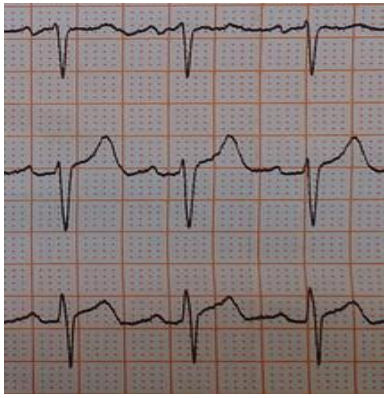
I,II,III



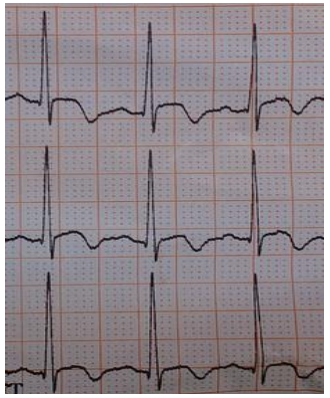
aVR, aVL, aVF



V1,V2, V3



V4,V5,V6



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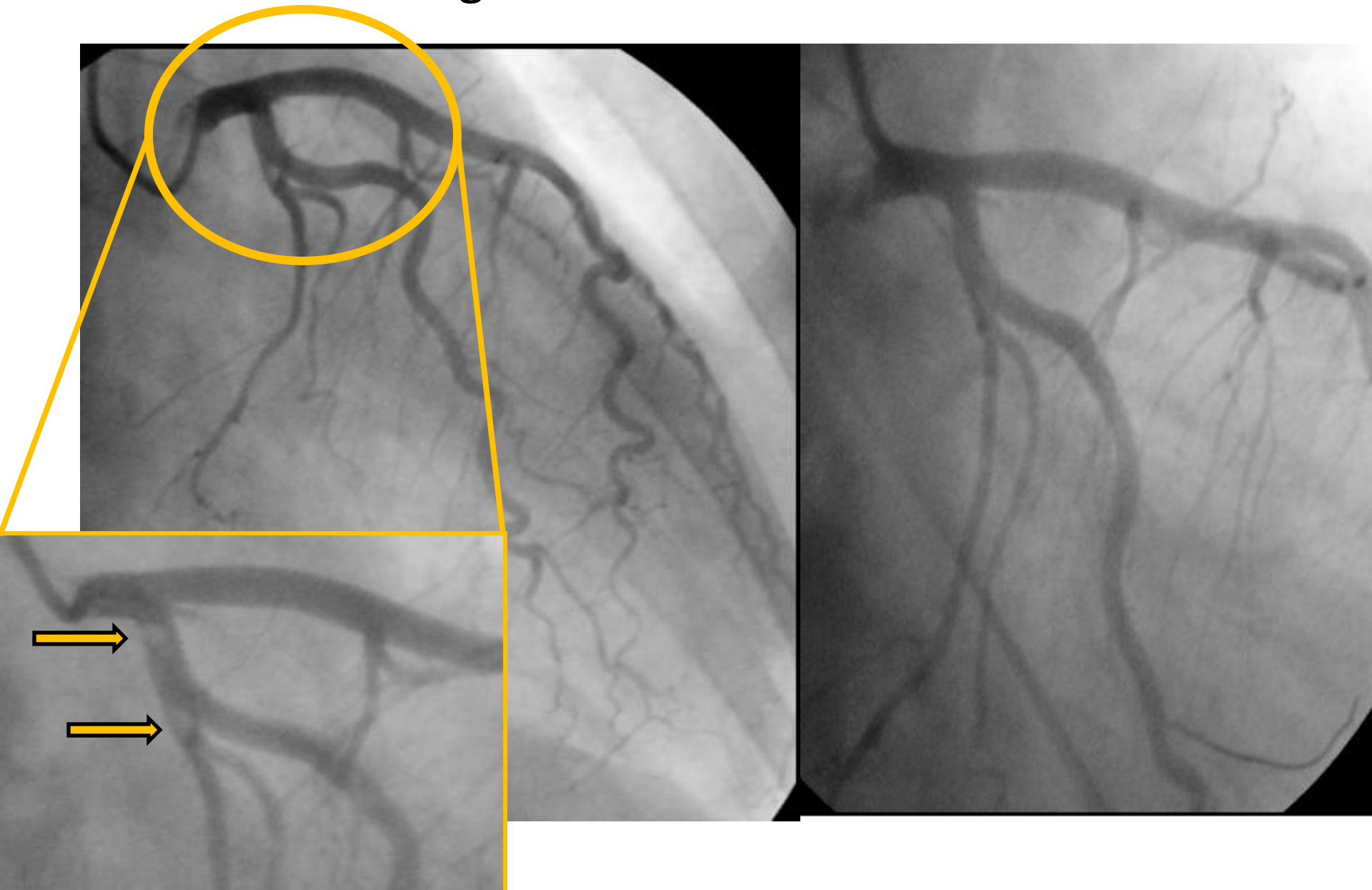
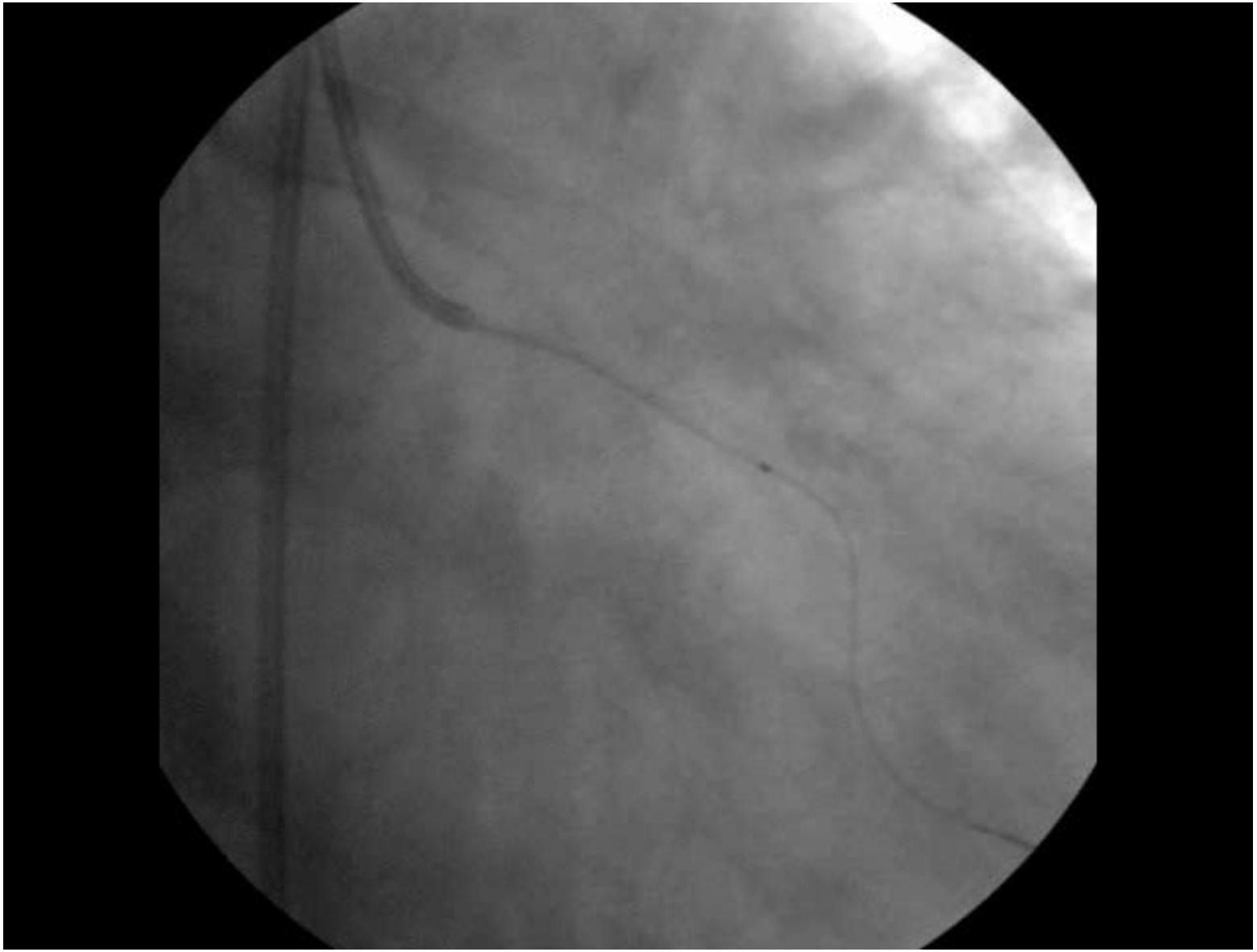
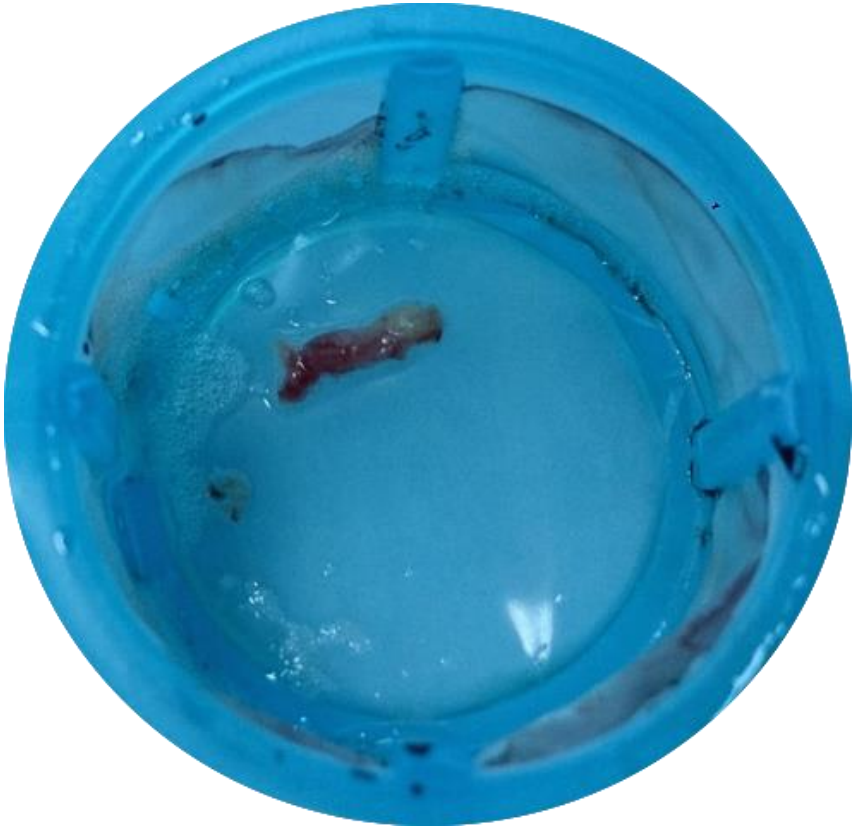
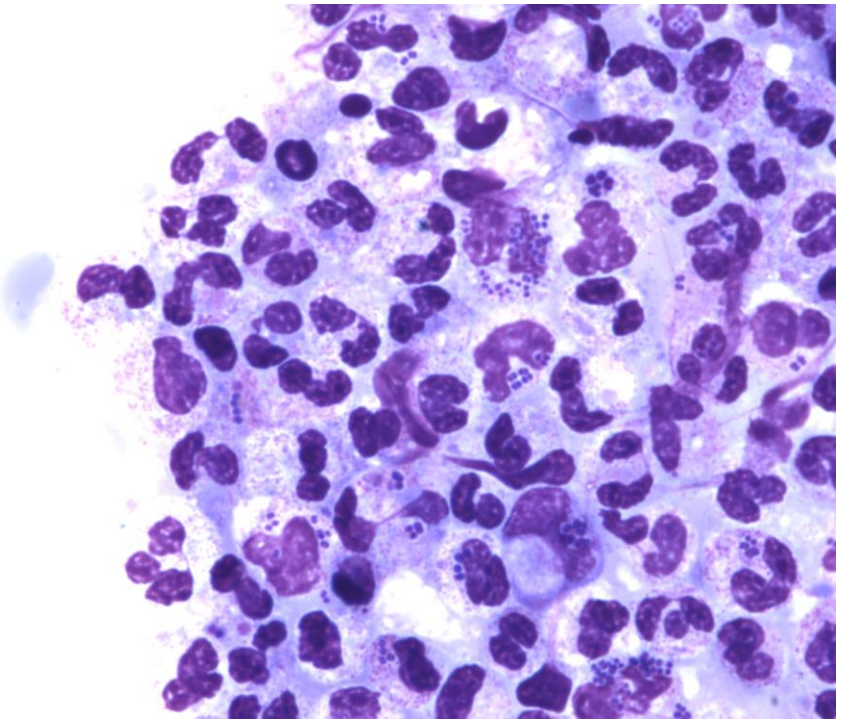
Cath lab : thrombus in proximal LCx. Aspiration and stenting.

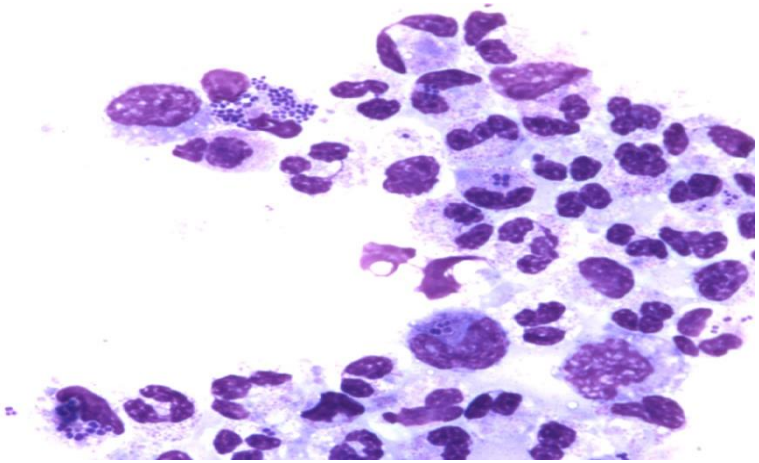


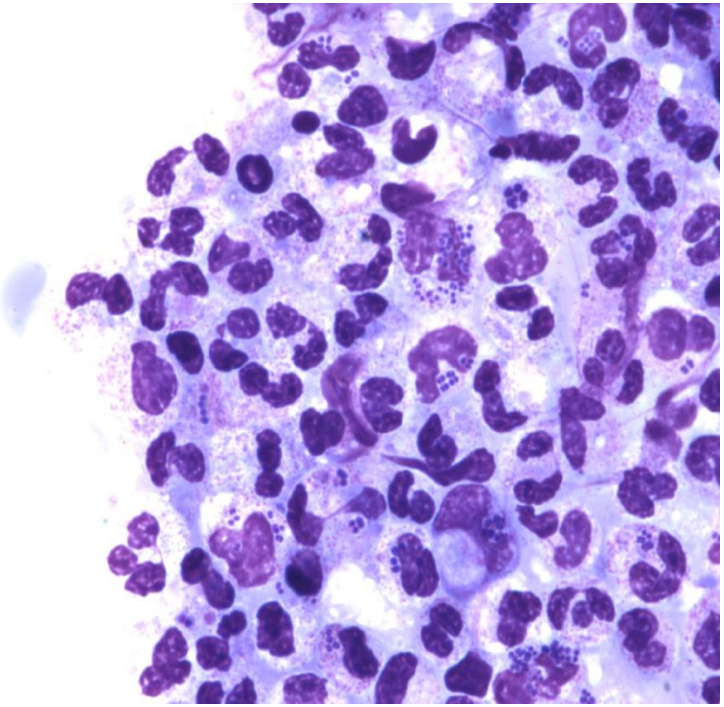


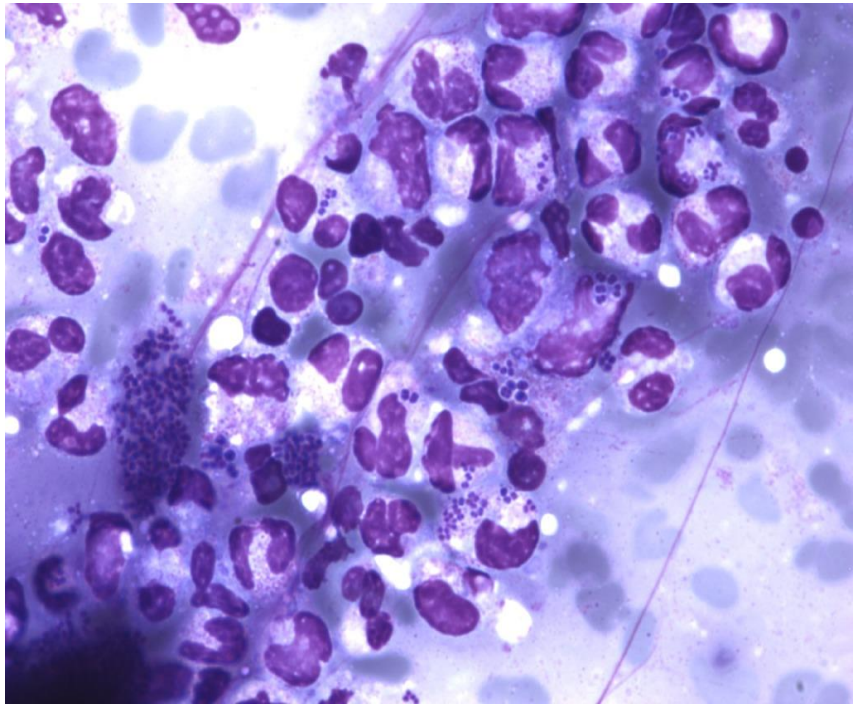
Clot in the microscope shows macrophages!! Septic clot!!



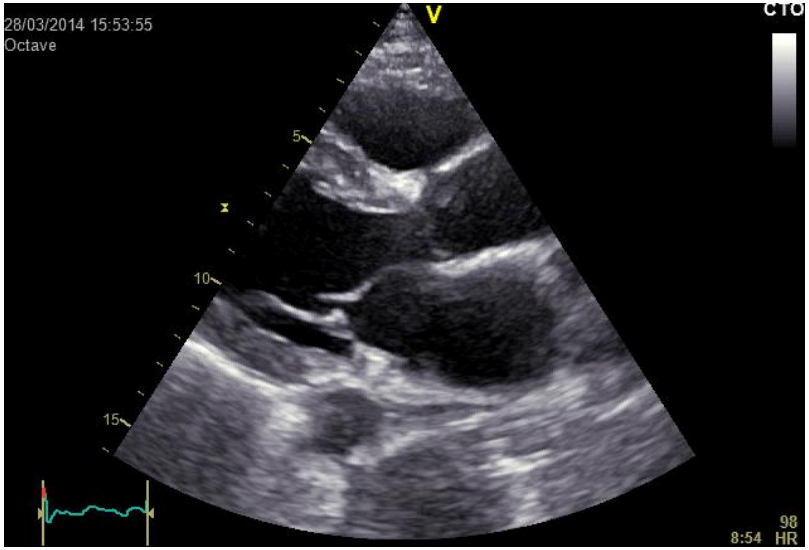


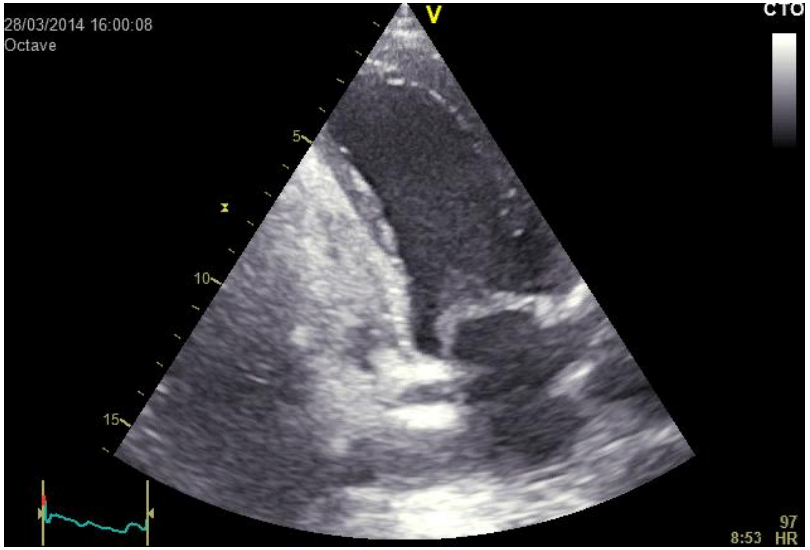


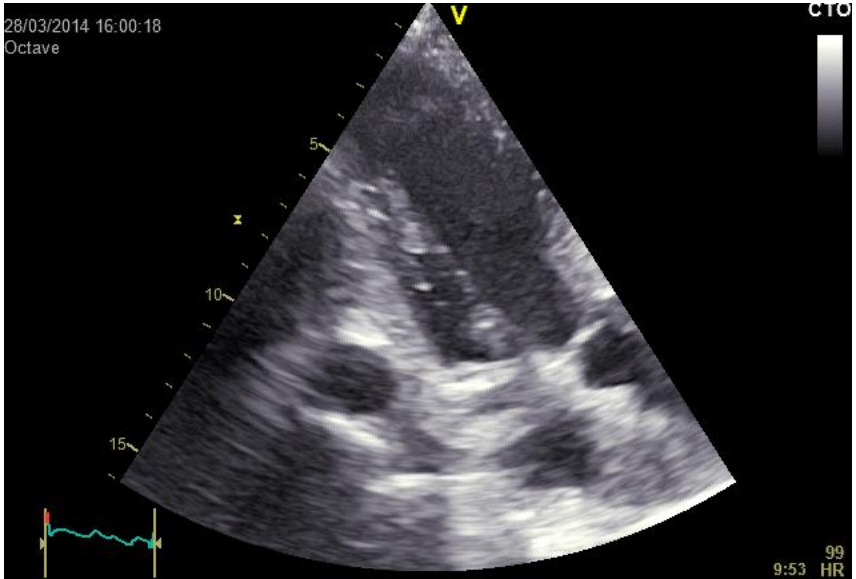




u/s after that: something on the aortic cusp (fibroelastoma or endocarditis ??)







- CT scan
  - Subacute ischaemic stroke in frontal temporal area
- Blood cultures
  - Staph. Aureus

She was given antibiotics, and was treated for aortic regurgitation and acs

She was planned for surgery because of high embolic risk but she had a huge stroke , she was intubated, with high fever and died from septic shock three days after.

New toecho before dying showed disappearance of whole aortic cusp with thrombus, worsening aortic regurgitation (4/4+)

Endocarditis and ACS

- 2.9% of patients with endocarditis have an ACS (less than 1/4 due to embolism).
- Coronary compression due to periannular compl is the first cause
- Happens in the early phase (before antibiotic therapy)
- Mostly anterior and anterolateral wall
- High mortality 64%

Rev Esp Cardiol. 2007;60(1):24-31

Thank you