Atrial septal endocarditis


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A 24-year-old man presented with a short history of fever and swollen lower limbs. Physical examination revealed signs of significant mitral regurgitation and blood cultures grew *Streptococcus viridans*. Transoesophageal and transthoracic echocardiography demonstrated prolapse of the mid-portion (P2) of the posterior mitral valve leaflet with severe mitral regurgitation. There was a 9 mm by 9 mm vegetation attached to the abnormal leaflet (Fig. 1). Echocardiography also identified a 10 mm secundum atrial septal defect (Fig. 2) with left to right shunting of the mitral regurgitation jet through the defect (Fig. 3). Along the inferior left atrial side of the septal defect were multiple small mobile masses in keeping with endocarditis of the atrial septum (Figs. 4 and 5). The patient was treated with a four-week course of antibiotics with rapid clinical improvement and resolution of the vegetations. One month later the patient underwent mitral valve repair and closure of the atrial septal defect without complication.

Atrial septal endocarditis is uncommon but has been reported in patients in isolation and in association with endocarditis of other heart valves.1–4 Endocarditis of the atrial septum is also recognised following percutaneous closure of atrial septal defects.5,6 In patients presenting with valvular endocarditis it is important to consider transoesophageal echocardiography to closely examine all cardiac valves in addition to excluding co-existent congenital abnormalities.
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References


