

## Multi-imaging diagnostic tools of infective endocarditis after TAVR

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Diagnosis of infective endocarditis (IE) after transcatheter aortic valve replacement (TAVR) remains difficult. We present a case of IE after TAVR through multi-imaging approach. A 56-year-old man with a history of heart failure presented to the emergency department with febrile sensation and general weakness. He had undergone TAVR 7 years ago. His temperature was 39.0°C, and a grade IV systolic murmur was detected on cardiac examination. Prosthetic-valve endocarditis was suspicious but no vegetation on transesophageal echocardiography at first. Laboratory results were notable for a white blood cell count of 14,890 cells per cubic millimeter (reference range, 4000 to 10,000) and a C-reactive protein level of 20.1 milligram per deciliter (reference range, <0.5). Five consecutive blood cultures were positive for *Streptococcus viridans*, especially oralis. Treatment with antibiotic agents was initiated. A month later, follow up transesophageal echocardiography which revealed newly seen vegetation and suspicious aortic root abscess formation even though antibiotic agents treatment for a month (Panel A), prosthetic-valve endocarditis was confirmed on PET/CT which shows infection or inflammatory change at TAVR site (Panel B). Surgical aortic-valve replacement and mitral valve replacement, mitral-aortic intervalvular fibrosa (MAIVF) reconstruction were performed. The postoperative course was good. The patient was discharged after antibiotics treatment for two weeks.

