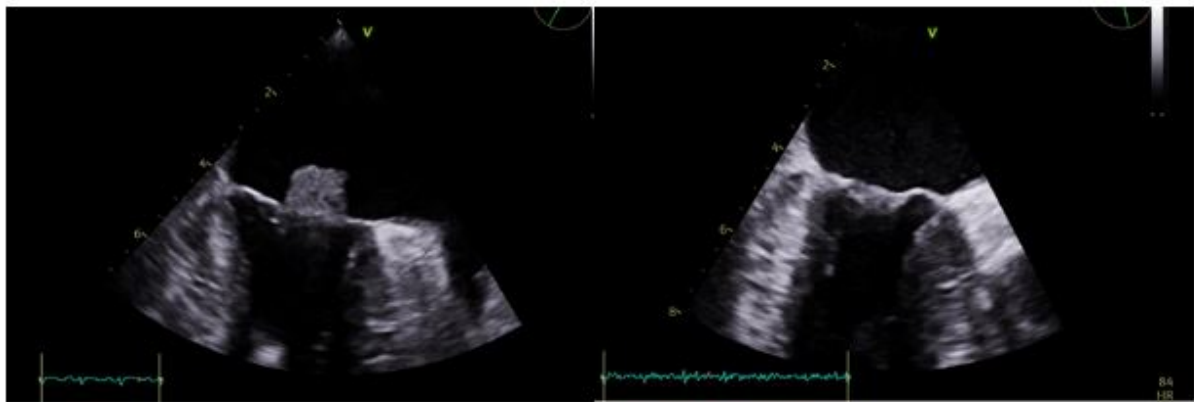


The First case of Staphylococcus caprae Native-valve infective endocarditis in Korea

순천향대학교 의과대학 내과학교실¹

강재우¹, 김희동¹, 전민혁¹, 조오현¹, 박정완¹, 홍선인¹, *유시내¹

Infective endocarditis caused by coagulase-negative staphylococci is occasionally diagnosed in the setting of intracardiac prosthetic material. As the first case in the Republic of Korea, we report a rare case of native-valve infective endocarditis caused by *Staphylococcus caprae*. A 76-year-old man visited the emergency room with a 2-day history of fever. He visited the urology department 3 months ago with urinary urgency and underwent cystolitholapaxy for a bladder stone and Holmium laser enucleation of the prostate for BPH 1 month ago. Hematuria and pyuria were observed. Abdomen CT scan revealed bilateral pyeloureteritis and cystitis. He was initially diagnosed with urinary tract infection and received ceftriaxone 2g every 24 hours. On the third day of hospitalization, *S. caprae* was isolated in two sets of blood cultures, and urine culture was performed on admission. He said he had never had contact with goats and had no animal-related job. He also had no central venous catheter during his previous hospitalization and no history of surgical implantation. He did not have any risk factors for *S. caprae* bacteremia, and it is not a common pathogen for UTI, so repeated blood culture was performed to rule out the possibility of contamination. On the fifth day of hospitalization, two sets of follow-up blood culture results also revealed *S. caprae*. According to the antibiotic sensitivity result, vancomycin was initiated. Transesophageal echocardiography (TEE) revealed an echogenic material measuring 1.1×0.6 on the anterior leaflet of the mitral valve (Fig. 1). However, the mobility of the vegetation was not significant, and mitral regurgitation was mild. After four weeks of vancomycin therapy, the size of the vegetation decreased to 0.8×0.4 cm by TEE(Fig.2). The patient was discharged after six weeks of antibiotic treatment. In this case, it was initially challenging to suspect endocarditis because the patient did not have well-known risk factors, such as a prosthetic material problem, although he underwent urologic intervention. Clinicians should check for the possibility of endocarditis, a non-typical organism isolated from several sets of blood cultures.



<Fig. 1>

<Fig. 2>