NEONATAL ENDOCARDITIS AS AN UNUSUAL COMPLICATION OF CATHETER-ASSOCIATED BLOODSTREAM INFECTION IN A PRETERM NEONATE

J. Marques¹, R. Ataíde Silva², S. Ferreira³, B. Morais³, R. Barroso³.

¹Hospital Prof. Doutor Fernando Fonseca- EPE, Pediatrics, Amadora, Portugal.; ²Hospital de Santa Cruz- Centro Hospitalar de Lisboa Ocidental- EPE, Pediatric Cardiology, Lisboa, Portugal.; ³Hospital Prof. Doutor Fernando Fonseca- EPE, Pediatrics-Neonatal Special and Intensive Care Unit, Amadora, Portugal.

Head of Department: G. Bragança; NICU Coordinator: R. Barroso

Background

Despite not being frequent in the modern era, the incidence of neonatal endocarditis is expected to rise and 31% of its mortality happens in preterms. The higher survival rates of children with congenital heart disease, the increased presence of risk factors such as central vascular catheters and associated bloodstream infections (CABSI) and prolonged hospitalization at the neonatal intensive care unit account for this.

Case Presentation

Female Neonate
29 weeks+6 days gemellary dizygotic gestation (2nd twin)
Emergent C-section delivery (1st twin decelerations)
Apgar Score: 9/9/9
Adequate for gestational age- BW:1390g (50th percentile); BH: 38,5 cm (50th percentile); BHC: 26,5 cm (50 th percentile)
• Negative maternal serologic screening, mother immune to rubella, not immune to toxoplasmosis; Negative Group B *Streptococcus* screening
• Spontaneous rupture of membranes of 1st twin 16 hours before delivery, clear amniotic fluid
• Incomplete pulmonary maturation (2 doses of dexametasone)

Learning points/Discussion

Neonatal endocarditis is to be thought of as a possible complication of CABSI in the NICU. It might be difficult to observe echocardiographic regression of the lesions despite adequate antibiotic therapy and good clinical response.