INFECTIVE ENDOCARDITIS AS A RISK FACTOR FOR MULTIFOCAL STROKE

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Figure 2

Background and Aims

A 54 year old male presented with headache, left-side hemiparesis, loss of consciousness, left-side hemihypesthesia (NIHSS 5, GSC 13). He had a history of hypertension, prosthetic aortic valve, atrial fibrillation and was on warfarin (INR=2.6).

Method

NCCT scan showed right-side ischemia 65x44x60 mm. Reperfusion was not done as he was on warfarin with high INR.

Figure 1

Results

In 7 day he developed a fever (38 C), dyspnea along with bulbar syndrome and worsening of his left-side hemiparesis (NIHSS 15, GCS 11) TTE and 2nd CT were done - no new brain lesions but vegetation on aortic valve. He was prescribed with vancomycin and gentamicin. Follow-up blood culture test was positive for *S. aureus* and CT in 5 day after deterioration showed brainstem stroke. Treatment was continued with antibiotics and warfarin (under INR control) In 10 days patient was discharge from the hospital (NIHSS 10, mRS 3)

Conclusion

Infective endocarditis with emboli from vegetations is one of the causes of embolic stroke (and very often with multifocal lesions). So all patient with prosthetic heart valves and stroke even if they are on anticoagulants should be investigated with TEE or TTE for vegetations development and treated properly with antibiotics if those are found.