

168. Gemella Sanguinis: A Genuinely Serious Case of Destructive Native Valve Endocarditis

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Body

Introduction: Gemella Sanguinis is a normal commensal of the human oropharynx, urogenital, and gastrointestinal tract and has become an emerging opportunistic pathogen. It is an extremely rare cause of Infective Endocarditis (IE) and this is one of the remotely reported cases in the world.

Case: 66 year old female patient with no prior structural heart disease presented with shortness of breath, loss of appetite, significant weight loss and bilateral leg swelling of 2 month duration. She had high grade fever associated with chills 2 months ago, which settled after seeking treatment at an outpatient clinic. Her past medical history included hypertension, dyslipidaemia, hypothyroidism and anaemia. She had no history of surgeries or dental procedures and had satisfactory oral hygiene. On admission, she was pale, afebrile and tachycardic. A grade 3 pansystolic murmur was heard at the apex, radiating to the axilla. Transthoracic echocardiogram (TTE) revealed a large oscillating vegetation suggestive of IE, attached to the anterior mitral valve leaflet causing severe eccentric mitral regurgitation (MR). A trans oesophageal echocardiogram was done to confirm the diagnosis and exclude complications. Her inflammatory markers were elevated. All 3 blood cultures were positive for Gemella Sanguinis. Patient was started on intravenous ceftriaxone 2g and Gentamycin 3mg/kg daily and monitored with weekly TTE to assess the size of the vegetation as well as daily clinical evaluation to look for signs of heart failure. After completion of her 4 week antimicrobial course, she was discharged as her clinical condition had visibly improved. 6 weeks later, patient presented with deteriorated clinical condition. Repeat TTE revealed worsening of MR as well as newly identified mild tricuspid regurgitation. After a multi-disciplinary team discussion, patient was sent for prosthetic mitral valve replacement and had an uneventful recovery. Screening for bowel malignancy was negative.

Discussion: In majority of the survivors, surgical valve replacement was required along with prolonged parenteral anti-microbial therapy. Early surgical intervention should be considered in all cases of IE caused by Gemella Sanguinis.

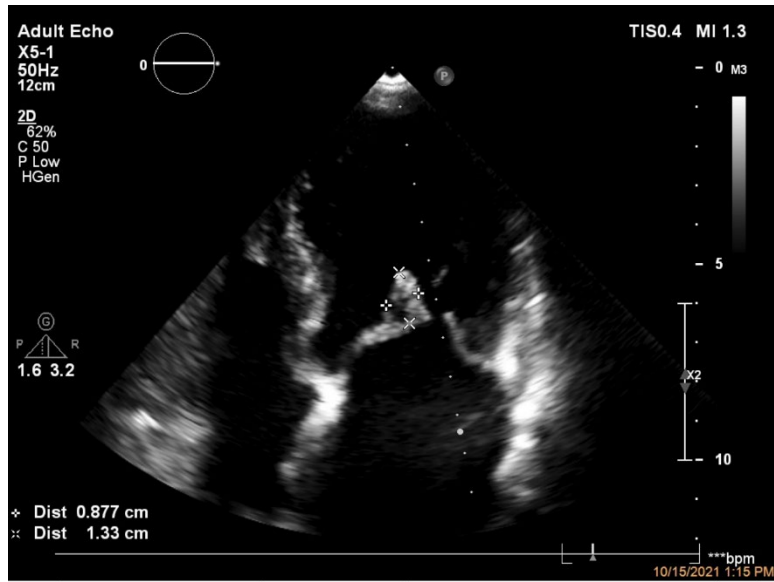


Figure 1. Vegetation measuring 0.877 x 1.33 cm attached to the anterior mitral valve leaflet as seen on TTE



Figure 2. Infected mitral valve with vegetation