STUDIUM PRZYPADKU / CLINICAL VIGNETTE

Infective endocarditis due to *Streptococcus agalactiae* giant mitral valve vegetation

Infekcyjne zapalenie wsierdzia wywołane Streptococcus agalactiae

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We present a case of giant mitral valve vegetation in a 68-year-old woman who was admitted to our ward in septic shock. On transoesophageal echocardiography, a large (45×28 mm), mobile, hyperechoic mass was seen on the mitral valve (Figs. 1, 2). Mild mitral regurgitation was present. The patient underwent urgent surgery. Intraoperatively, a large vegetation was found on the anterior mitral valve leaflet. After removal of the infected tissue, a bioprosthetic valve was implanted (Fig. 3). Blood cultures revealed the presence of Streptococcus agalactiae. The postoperative course was uneventful. Group B Streptococcus, also known as Streptococcus agalactiae, is a gram-positive organism frequently colonising the female genito-urinary tract. It is a rare cause of infective endocarditis (1.7%) and concerns the mitral valve in about 50% of cases. The disease is found frequently in immune-compromised patients and is associated with a significant rate of complications and mortality rates of 20-50%. The presence of large vegetations and frequent embolic complications are attributed to a lack of fibrinolysin in S. agalactiae. We did not note embolic complications, but the vegetation found in our patient was to the best of our knowledge the largest ever reported. As S. agalactiae can be less susceptible to penicillin than other Streptococci, the addition of gentamycin or ceftriaxone with gentamycin is recommended. Echocardiographic examination plays an important role in early diagnosis and is crucial for choosing an appropriate method of treatment. Antibiotic therapy combined with early surgery, especially in cases with a large vegetation, is in our opinion the treatment of choice.



Figure 1. Two-dimensional transoesophageal echocardiographic examination, modified (51°) midesophageal four-chamber view. The ramified, hyperechoic structure on the mitral valve is to be seen; **A**. Systole; **B**. Diastole; LA — left atrium; LV — left ventricle; RV — right ventricle; black arrow depicts the hyperechoic structures on the mitral valve



Figure 2. Two-dimensional transoesophageal echocardiographic examination, midoesophageal four-chamber view. The hyperechoic structure on the mitral valve is to be seen; abbreviations as in Figure 1



Figure 3. Two-dimensional transoesophageal echocardiographic examination, modified (127°) midesophageal four-chamber view. Mitral bioprosthesis is to be seen; Ao — aorta; other abbreviations as in Figure 1

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