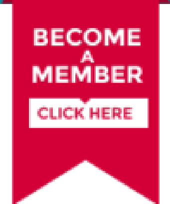
ESC Clinical Case Gallery

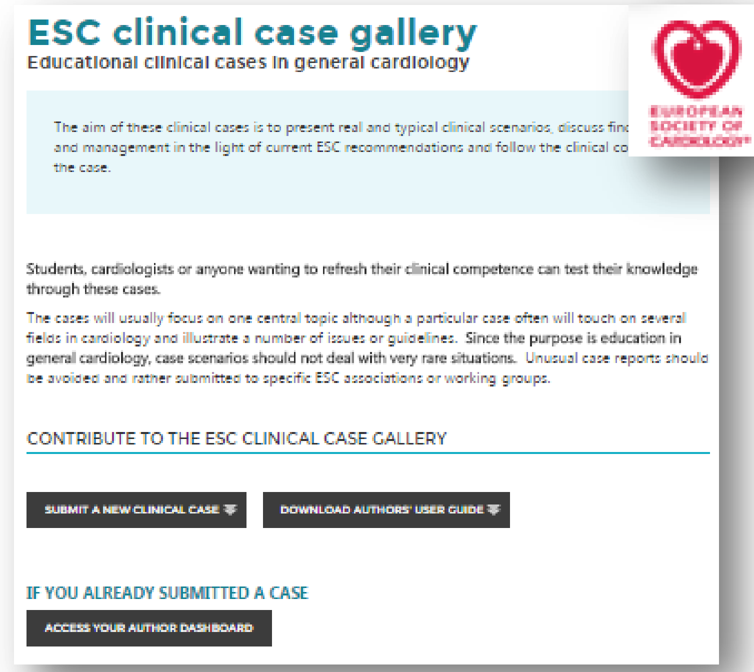
Bernard Iung

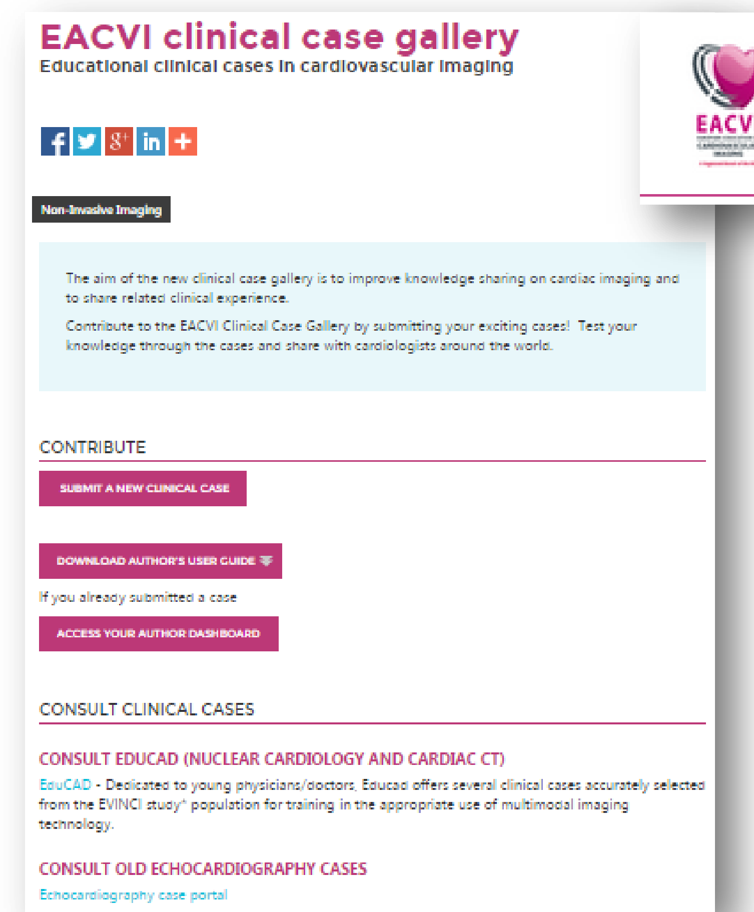
ESC Clinical Case Gallery on escardio.org



2 areas of Studies: General Cardiology & EACVI

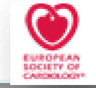
WE ARE THE ESC





Clinical Cases available online

ESC clinical case gallery
Educational clinical cases in general cardiology



16 cases published + *5 in progress*

Date published	Title
23 Nov 2015	Infective Endocarditis - when to operate? Author(s)(s): Rebekah Anstey
19 Nov 2015	Calcium score of 9000: what are the chances? Author(s)(s): Iris Maria Esteve Ruiz
26 Oct 2015	A Rare Manifestation of Echinococcal Infection Author(s)(s): Mohsen Neshati pir borj
15 Oct 2015	A misguided lead Author(s)(s): Haran Burri
14 Oct 2015	Electrocardiographic diagnosis and coronary angiography in acute infero-posterior wall ST segment elevation myocardial infarction (STEMI) and mirror image dextrocardia Author(s)(s): Shiva PONAMGI
08 Oct 2015	Treatment resistant hypertension post-renal denervation: could the answer be salt restriction? Author(s)(s): Kenneth Chan
14 Sep 2015	A young woman with shortness of breath Author(s)(s): Yasbanoo Moayedi
09 Sep 2015	A patient with aortic stenosis and angina pectoris Author(s)(s): Renée B.A. van den Brink
30 Jul 2015	Acute myocardial infarction in a young patient Author(s)(s): Hercules E. Mavrakis
30 Jul 2015	Multi-imaging Modalities in Cardiac Carcinoid management Author(s)(s): Marchon E

EACVI clinical case gallery
Educational clinical cases in cardiovascular imaging

12 cases published + *4 in progress*

Date published	Title
21 Sep 2015	Right apical mass in a patient referred for pathologic fracture of tibia Author(s)(s): Carlo Rostagno
14 Aug 2015	Aberrant Origin of the Right Coronary Artery from the Ascending Aorta: MDCT coronary angiography images Author(s)(s): Amir Anwar Samaan
10 Jul 2015	Ruptured Sinus of Valsalva Aneurysm Late after Ventricular Septal Defect Repair Author(s)(s): Deane Yim
26 Apr 2015	Echocardiographic Diagnosis of Truncus Arteriosus associated to double aortic arch Author(s)(s): Claudia D'Andrea
11 Mar 2015	Thrombus In Transit Through A Patent Foramen Ovale: Surgical Prevention Of Paradoxical Embolism. Author(s)(s): Zaher Fanari, M.D.
07 Mar 2015	51-year-old woman with STEMI: first manifestation of multiple thrombembolic events Author(s)(s): Jana Ambrozic
19 Feb 2015	A Left Ventricular Cyst Evaluated by Transthoracic Echocardiography Before and After Surgical Excision Author(s)(s): Yanmei Zhang
17 Feb 2015	A "Floating Egg" - Giant Right Atrial Myxoma Author(s)(s): Weichieh Lee

The aim of these clinical cases is to present real and typical clinical scenarios, discuss findings and management in the light of current ESC recommendations and follow the clinical course of the case.

Clinical Case overview

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Learning Objectives + reference to ESC Guidelines

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Infective Endocarditis - when to operate?

Rebekah Anstey, Oliver Ormerod, Ahsan Alvi, Rana Sayeed, Colin Forfar, Martin Thornhill, Mark Dayer

Overview

Main Contact	Mark Dayer markdayer@gmail.com
Case Authors	Rebekah Anstey, Oliver Ormerod, Ahsan Alvi, Rana Sayeed, Colin Forfar, Martin Thornhill, Mark Dayer
Description	A 45-year-old man who had a bicuspid aortic valve had his teeth scaled and polished in August 2013. He became unwell and visited his GP on October 3rd. He presented repeatedly to his GP before he was admitted to hospital on February 4th. He complained of breathlessness and night sweats. Examination showed aortic regurgitation with pistol shot femorals. An echocardiogram showed loss of coaptation of the aortic leaflets. He was commenced on vancomycin and gentamicin pending blood culture results. He was also referred to the cardiothoracic surgeons for consideration for urgent surgery. The surgeon on call preferred to wait for the MDT decision. He subsequently grew Streptococcus Gordonii. His antibiotic regime was changed to benzylpenicillin and gentamicin. Unfortunately, he arrested on February 6th. He underwent emergency surgery, but died on the table.
ESC Core Curriculum Chapter(s)	16. Infective Endocarditis
ESC Guidelines	Infective Endocarditis (Guidelines on Prevention, Diagnosis and Treatment of)
Learning Objectives	1. To emphasise the need to recognise the subtle presentation of infective endocarditis. 2. To remind readers when antibiotic prophylaxis is indicated. 3. To discuss the new ESC guidance on when to operate in patients with infective endocarditis.

Next

Clinical Case overview

MCQs

Case Report

In September 2013, just one month after the dental hygienist visit, he became ill with what appeared to be influenza: a racking cough, night sweats, fever, weight loss.

He first presented to his GP practice on October 3rd. His symptoms were ascribed to the fact that he was caring for his wife who had recently undergone surgery, and he was reassured.
He returned on October 7th where he was prescribed a course of clarithromycin following increasing tiredness and a cough productive of green sputum. He was still coughing on October 20th and was prescribed Augmentin. A few days later he had an episode of atrial fibrillation, which reverted spontaneously. At this point he had some bloods taken and these showed a normal haemoglobin (14.0 g/dl), white cell count (6.83 x10^9/l) and CRP (5.7 mg/l).

On December 8th he returned to his GP practice, with malaise and persistence of the night sweats and cough. Repeat blood tests showed a mild reduction in haemoglobin levels (12.6 g/dl), a normal white cell count (9.21 x10^9/l) but an elevated CRP (84.4 mg/l). His symptoms settled, but around the start of the New Year, his symptoms recurred. His bloods on this occasion were markedly abnormal. He was anaemic (9.2 g/dl), with a significant rise in his CRP (152.0 mg/l). His blood film suggested myelodysplasia, and he was referred to the haematologists urgently. Before he could see them he deteriorated, and was admitted as an emergency to the John Radcliffe Hospital in Oxford on February 4th 2014.

Question 1 of 1

At what stage should the diagnosis of endocarditis have been considered?

- On the first presentation to the GP practice on October 3rd?
- Around the start of the New Year when his symptoms recurred and his bloods were markedly abnormal?
- When he was admitted as an emergency to the John Radcliffe Hospital in Oxford on February 4th 2014?
- On December 8th when he returned to his GP practice with an ongoing illness and an elevated CRP (84.4 mg/l)?

Correct Answer

On December 8th when he returned to his GP practice with an ongoing illness and an elevated CRP (84.4 mg/l)?

Discussion / Feedback

The ESC guidelines emphasise that infective endocarditis remains a diagnostic

Media

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Infective Endocarditis - when to operate?

Rebekah Anstey, Oliver Ormerod, Ahsan Alvi, Rana Sayeed, Colin Forfar, Martin Thornhill, Mark Dayer

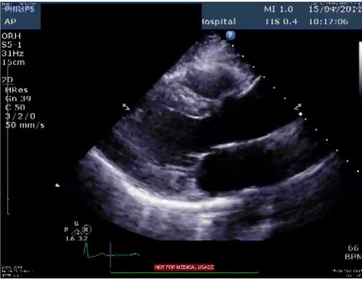
Case Report

Mr BM was a 45-year-old man who worked as a rocket scientist. He initially presented to the cardiology department at Oxford when he was 32 years old and developed paroxysmal atrial fibrillation. A murmur was noted and an echocardiogram was undertaken (see images).

This showed a bicuspid aortic valve with an offset closure line. He also had mild-moderate aortic regurgitation. There was no dilatation of his aortic root. He had 2 yearly follow-ups at Oxford, and was clinically stable.

From the outset the importance of good oral hygiene was emphasised to him. He had quite extensive work done to improve his oral hygiene. This was conducted prior to 2008 with antibiotic prophylaxis. In 2008, the National Institute of Health and Care Excellence (NICE) recommended that antibiotic prophylaxis should no longer be used.

He was careful to the point of paranoia about brushing, flossing, using interdental brushes and mouthwash. In any event, no intervention had been required since 2010, other than trips to the dental hygienist for a scale and polish. In August 2013 he went for a routine hygienist appointment for a scale and polish. It was reportedly "vigorous", and he was still spitting blood in the evening. He did not have antibiotic prophylaxis.



What’s in it for your National Society?

- **Provide Educational Material to your members:** insert a link to ESC Clinical Case Gallery on your website
- **Contribute to the ESC Collection of Cases:** all cases are submitted online

Prepare your questions for the session on Day 1

Do not miss Day 1 Demo
at 17:15
Meeting Rooms 3, 4 & 5