



ORAL PRESENTATION

Infectious stroke

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Abstract

Introduction: Infective endocarditis (IE) is an entity with high morbidity and mortality. The occurrence of acute neurological events is not negligible and can lead to serious complications.

Case Report: We present a 77-year-old man, with history of heart failure due to hypertensive, ischaemic and valvular heart diseases, submitted to coronary artery bypass graft and implantation of a biological aortic valve six months earlier. He was hospitalized due to acute pyelonephritis. On the first day of hospitalization, he presented with syncope and left hemiparesis. The in-hospital stroke response team was activated, and acute occlusion was documented in the territory of the right middle cerebral artery. The patient underwent thrombectomy and thrombolysis with almost total recanalization, maintaining, however, left hemiparesis and ipsilateral hemineglect. From the complementary study, we highlight *Enterococcus faecalis* bacteraemia; carotid ultrasonography

with diffuse atheromatous infiltration and transcranial doppler with a lesion distal to the right middle cerebral artery; Holter and serial electrocardiography in sinus rhythm, transthoracic echocardiography suggesting presence of a vegetation in the biological aortic valve prosthesis, which was confirmed by transoesophageal echocardiography. IE of a complicated biological prosthesis with no surgical indication was assumed. There was good clinical and echocardiographic response to antibiotics.

Conclusion: This clinical case aims to highlight the importance of the aetiological study of stroke and of early detection of potentially treatable causes. The medical treatment of IE must always be performed, and surgery is reserved for cases with haemodynamic instability, acute valve failure and occurrence of embolic phenomena under antibiotic therapy.

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