

Eustachian Valve Endocarditis

Blaker B, Leaphart D, Timothy A and Fernandes V*

Department of Medicine, Medical University of South Carolina

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Clinical Image

A 58-year-old woman developed pancreatitis following an endoscopic sphincterotomy. During her 3-month stay in the intensive care unit (ICU) she developed portal, mesenteric and splenic vein thrombosis with massive ascites. She also developed persistent bacteremia and fungemia and was treated with broad spectrum antibiotics and antifungal agents. Initial transesophageal echocardiogram (TEE) showed no evidence of endocarditis and the Eustachian valve was normal (**Figure 1**). She improved initially but 6 weeks later developed persistent bacteremia with methicillin sensitive staphylococcal epidermidis. TEE now revealed vegetation's on the Eustachian valve (**Figure 2**). She died 3 days later from septic complications. Eustachian valve is a vestigial structure, which in the fetus directs blood from the IVC to the left atrium through the fossa ovalis. Eustachian valve endocarditis is rare and is diagnosed by TEE. This infection was likely due to her complicated and prolonged ICU stay with indwelling central lines.

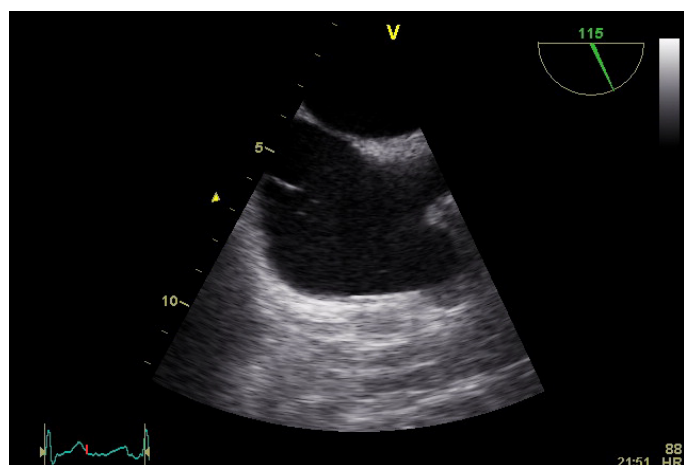


Figure 1: Initial transesophageal echocardiogram.

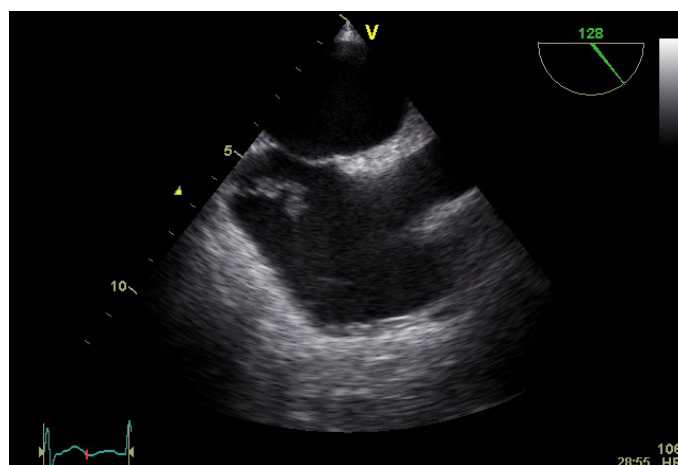


Figure 2: Initial transesophageal echocardiogram revealing vegetation's on the Eustachian valve.

***Corresponding author:** Valerian Fernandes, Department of Medicine, Medical University of South Carolina, 25 Courtenay Dr., ART 7063, Charleston, SC 29425. Tel: 843 792 2579; Fax: 843- 792-8914; E-mail: fernandv@musc.edu

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