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A curious case of endocarditis

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INTRODUCTION: Nonbacterial thrombotic endocarditis (NBTE) is a rare form ofnoninfectious endocarditis in which a small sterile vegetations deposited on the heart valves (mostly aortic and mitral).It has been reported in every age group, most commonly affecting patients between the fourth and eighth decades of life with no sex predilection. Patients with advanced malignancy and those with systemic lupus erythematosus are the most common populations affected by NBTE, and they are typically asymptomatic until embolization occurs. Here, we report a case of a female patient with rheumatoid arthritis whose diagnosis was made prior to any thromboembolic event.

CASE REPORT DESCRIPTION: An 83-year-old female patient with a 10-year history of rheumatoid arthritis, was admitted for urinary tract infection with exacerbation of chronic renal disease and decompensated heart failure of unknown etiology. On physical examination, she was febrile (38,3ºC) with a blood pressure of 130/70 and pulse rate of 90 beats/min. Cardiac auscultation revealed a sistolic murmur of grade 1/4 in the fifth left intercostal space. A joint deformities in the hands were noted, such as interosseous atrophy and ulnar deviation. To evaluate this new sistolic murmur,the transthoracic echocardiogramwas performed and showed a vegetation in the mitral valve. Then, a transesophageal echocardiogram(TEE) was requested to better characterize this vegetation, showing a vegetation of 19x4mm involving the posterior cusp of the mitral valve leaflet, with moderate mitral regurgitation,being the hypothesis of infective endocarditis (IE) proposed. There were no other significant abnormalities in the remaining echocardiogram. Empirical antibiotic therapy to IE was initiated. The TEE was repeated after 4 weeks of antibiotic therapy with maintenance of the referred vegetation and mention of a smaller one (10x2mm). Clinical investigation didn't show any infectious process. Hence, the hypothesis of NBTE was established. Anti-coagulation therapy was started immediately. The NBTE lesion disappeared in the follow-up echocardiography three months post anti-coagulation treatment.

CONCLUSION: Although NBTE is an uncommon and difficult diagnosis that requires a high degree of suspicion, its timely diagnosis is essential since it allows the prevention of thromboembolic events, resulting in a positive impact on patients" quality of life. In addition, the existence of this clinical condition may allow the diagnosis of another underlying disease, such as a hidden neoplasia. Thus, the authors believe that the sharing of this clinical case will allow a reflection on this entity emphasizing the importance in the hypotheses of vegetation diagnosis. From the authors" knowledge, from the available medical literature, the clinical case presented is one of the few NBTEs described in patients with rheumatoid arthritis, with mitral valve involvement and whose diagnosis was made before any thromboembolic event.

Abstract P1313 Figure. A vegetation of mitral valve