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~~Dentistry-related infections~~
~~Endocarditis for dummies~~
Everything you needed to know about infective endocarditis ... well, almost
Scenario

Scenario

- 31 yo woman
- history of DM Type II
- diagnosed with new-onset HT and CHF 5 months prior
- re-presents with CHF

History

- has had fairly well-controlled DM Type II
- was found to have aortic regurgitation on routine ECHO shortly after diagnosis of CHF
- has also had anorexia, weight loss (60-90lbs!), and drenching night sweats
- possibly had a "leaky valve" in the past
- no recent procedures or infections
- no IV drug use

Physical

- mild-moderate respiratory distress
- HR 122, RR 24, BP 160/84, T(max) 37.9.
- no Roth Spots
- numerous splinter haemorrhages, mostly in her right hand
- a left subconjunctival haemorrhage
- Janeway Lesions on the soles of her feet (mostly on the right).
- no Osler's nodes.
- dentition is relatively good, and no evidence of chronic periodontal disease.
- using some accessory muscles of respiration, although chest clear
- clubbing in 1 or 2 digits

- enlarged PMI
- murmurs of both aortic and mitral regurgitation.
- no evidence of TR by auscultation, although CV waves in her jugular veins.
- splenomegaly (Castell's sign +), and the liver span was approximately 14cm.
- neurological exam revealed some vague confusion, but she was oriented, had normal visual fields bilaterally.
- slight right pronator drift.
- reflexes were 3+ in the upper extremities, and there were 4-7 beats of clonus in both ankles.

Laboratory

- Hb 82 (MCV 79.2), WBC 7.4 (with 0.9 lymphs), Plt 84.
- Na 135, K 4.9, Cl 109, HCO3 14.
- Creatinine 271.
- ECG: unremarkable
- CXR: mild CHF

What are you going to order?

- Tests?
- Therapy?