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Septic Pulmonary Embolism Related to Right-sided Infective Endocarditis

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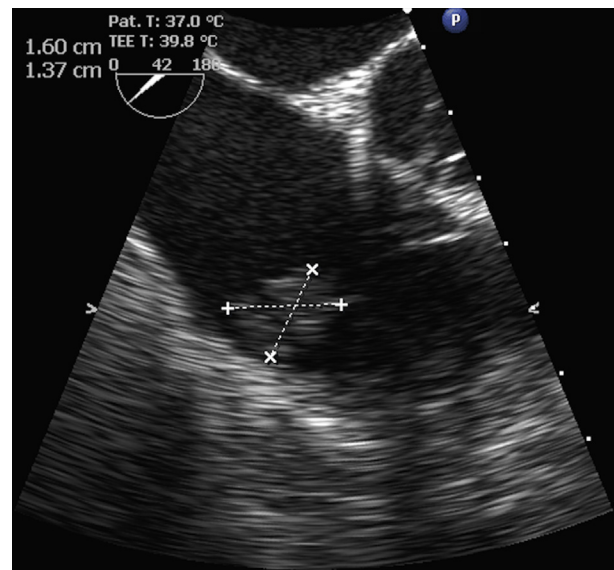
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Keywords: Septic pulmonary embolism, Right-sided infective endocarditis

A 34-year-old lady presented with 1 month history of dyspnea and fever. She was febrile (40 °C), pulse-110/min, respiratory rate-24/min, had bilateral pedal edema, crepitations heard bilaterally over the chest and hepatosplenomegaly. Methicillin-susceptible *Staphylococcus aureus* was isolated in 2 sets of blood cultures. 2D echocardiography (Panel 1) showed large, irregular-shaped sessile, homogenous mass with partial mobility attached to right atrial side of anterior leaflet of tricuspid valve measuring 16 × 13 mm. Computed tomography of the chest (Panel 2a) revealed bilateral peripheral and basal predominant nodules (arrow-head), some of these showed central cavitation (arrow). Few of these nodules were associated with feeding vessels (arrow), (Panel 2b) suggesting their hematogenous origin. Patient was diagnosed as definite right-sided tricuspid valve infective endocarditis (IE), by modified Duke criteria along with septic pulmonary embolism. She was treated with parenteral cloxacillin for 4 weeks with which she showed a good improvement. Repeat 2D echocardiography showed complete resolution of vegetation over the tricuspid valve with tiny residual calcification at its tip. Right-

sided IE accounts for ten percent of all IE cases. *Staphylococcus aureus* is responsible for two-third of these cases. Septic pulmonary emboli are seen in around 50% of these cases.



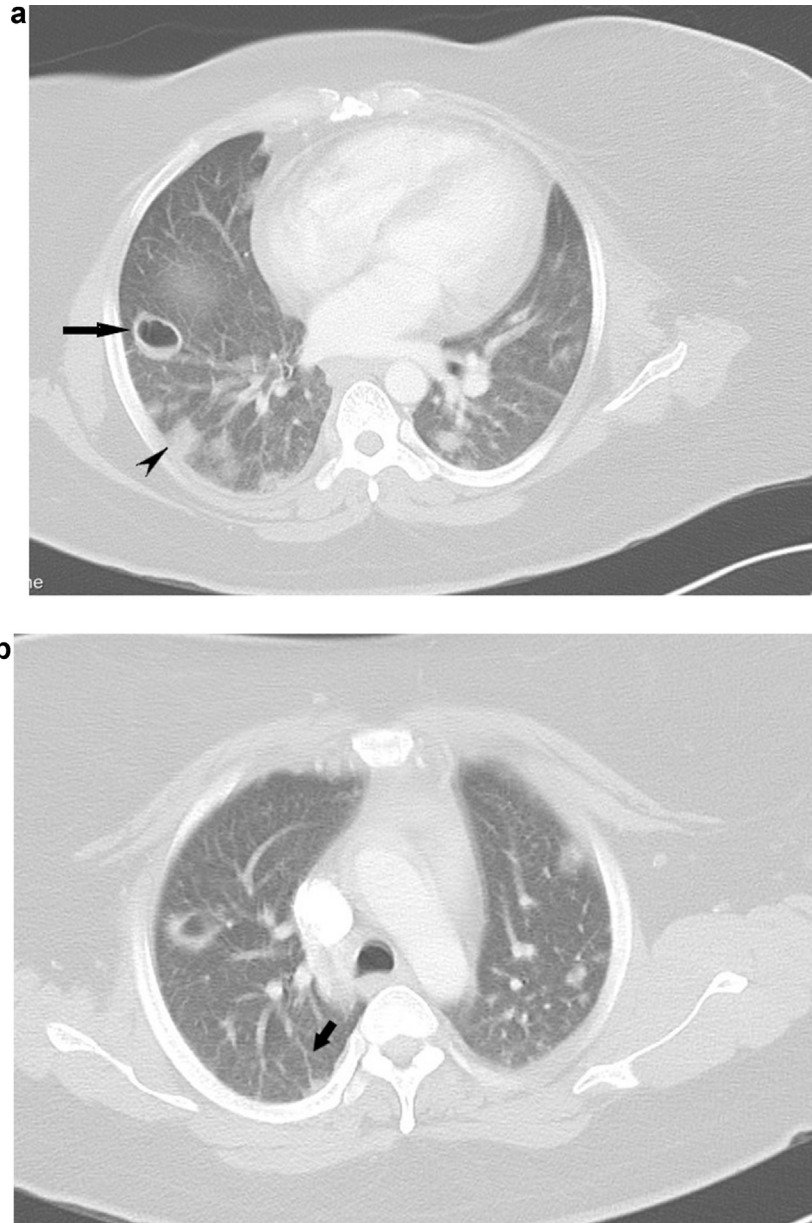
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Author contribution

Conception and design of Study: AP, NY; Literature review: AP, NY; Acquisition of data: AP, NY; Analysis and interpretation of data: AP, NY; Data

collection: AP, NY; Drafting of manuscript: AP, NY; Revising and editing the manuscript critically for important intellectual contents: AP, NY; Data preparation and presentation: AP, NY; Supervision of the research: AP, NY.