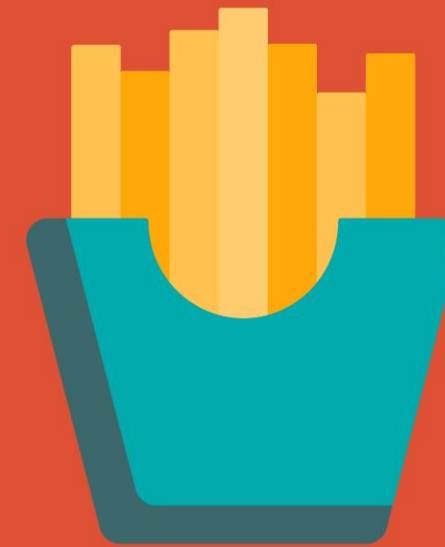


EUROVALVE

VAN DER VALK SELYS HOTEL
LIÈGE



**SAVE
THE DATE**
**SEPTEMBER
25&26 2025**



COURSE DIRECTORS

Patrizio Lancellotti, Belgium
Khalil Fattouch, Italy
Gilbert Habib, France
José Luis Zamorano, Spain
Philippe Pibarot, Canada
Mani Vannan, USA
Bernard Cosyns, Belgium
Augustin Coisne, France

LOCAL HOSTS

Patrizio Lancellotti, Belgium
Vincent Tchana-Sato, Belgium



Case-based challenges in endocarditis:
applying the 2023 ESC guidelines.

A patient with cerebral complications.

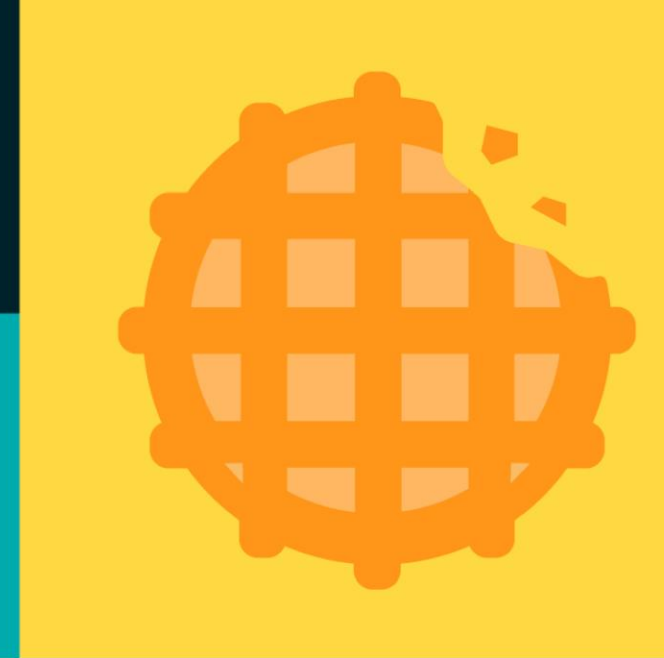
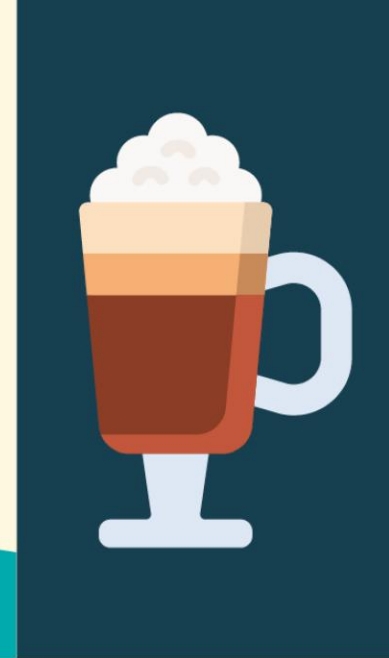
I. Vilacosta. H. Clínico San Carlos, Madrid.



I have no conflict of interest



A 36-year-old man with a 4-day history of **fever and malaise**.
Physical Ex: cutaneous hemorrhagic lesions + AR murmur & signs of HF.
Suspicion of IE: blood cultures & echocardiography.
TTE & TEE: severe Ao valve destruction, severe AR & huge vegetation + Mi valve vegetations with moderate MR.
BC: SAMS.
Emergency surgery: two mechanical prosthetic valves.
Medical treatment: Cloxacillin 12g/day i.v.





A 36-year-old man presented with a 4-day history of **fever and malaise**.

Physical Ex: cutaneous hemorrhagic lesions + AR murmur & signs of HF.

Suspicion of IE: blood cultures & echocardiography.

TTE & TEE: severe Ao valve destruction, severe AR & huge vegetation + Mi valve vegetations with moderate MR.

BC: SAMS.

Emergency surgery: two mechanical prosthetic valves.

Medical treatment: Cloxacillin 12g/day i.v.



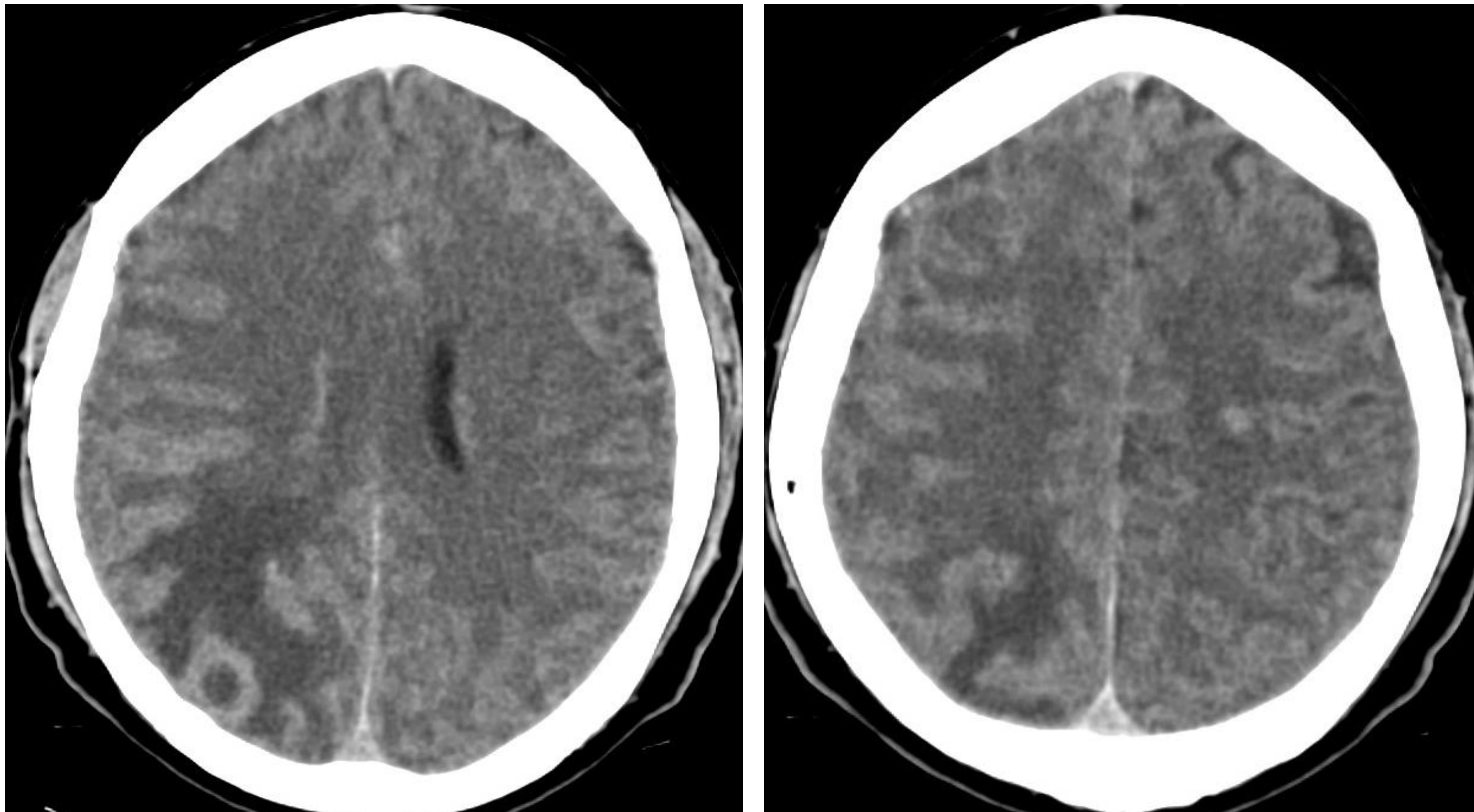
Post-surgery evolution:
Left superior homonymous quadrantanopia.

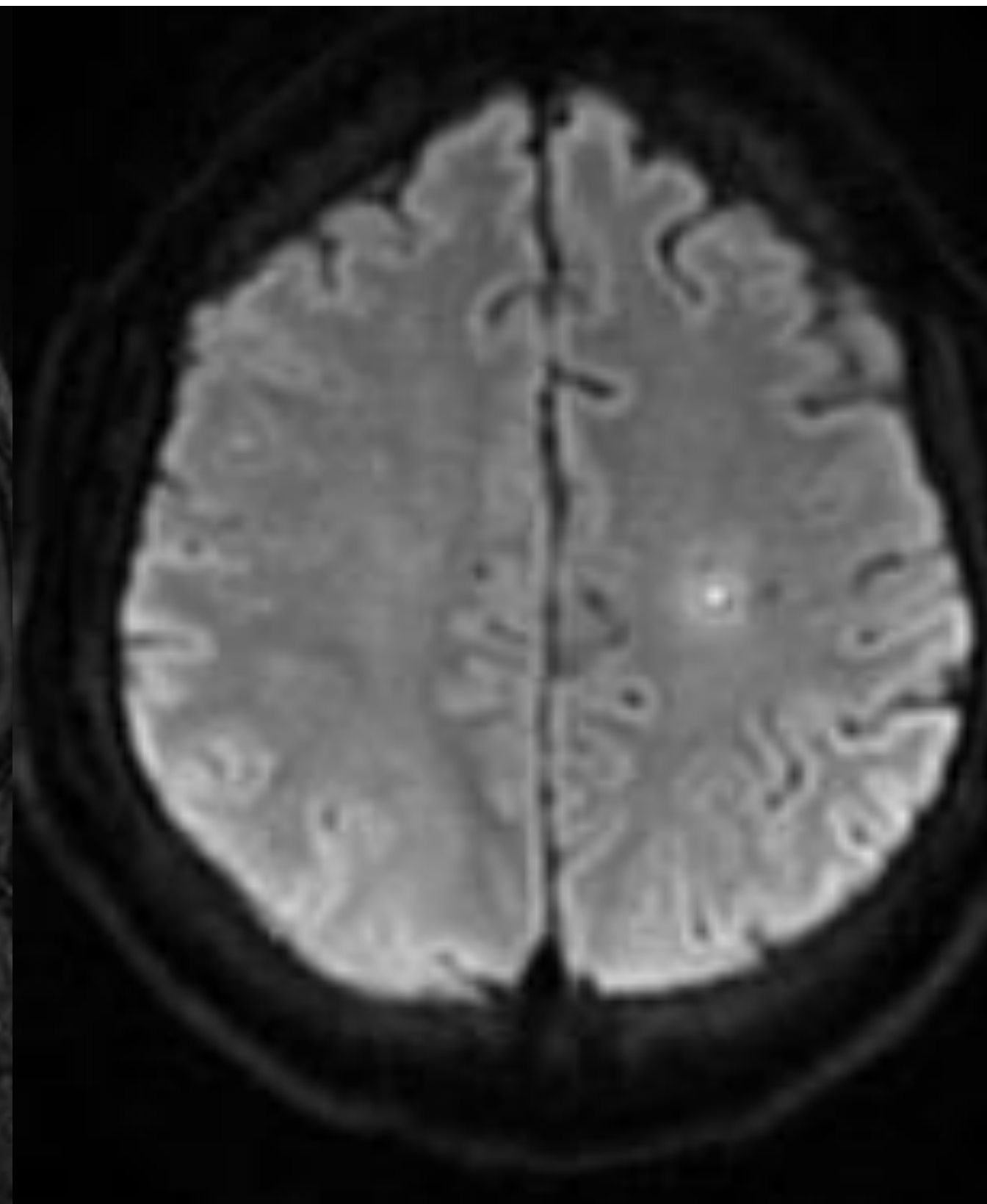
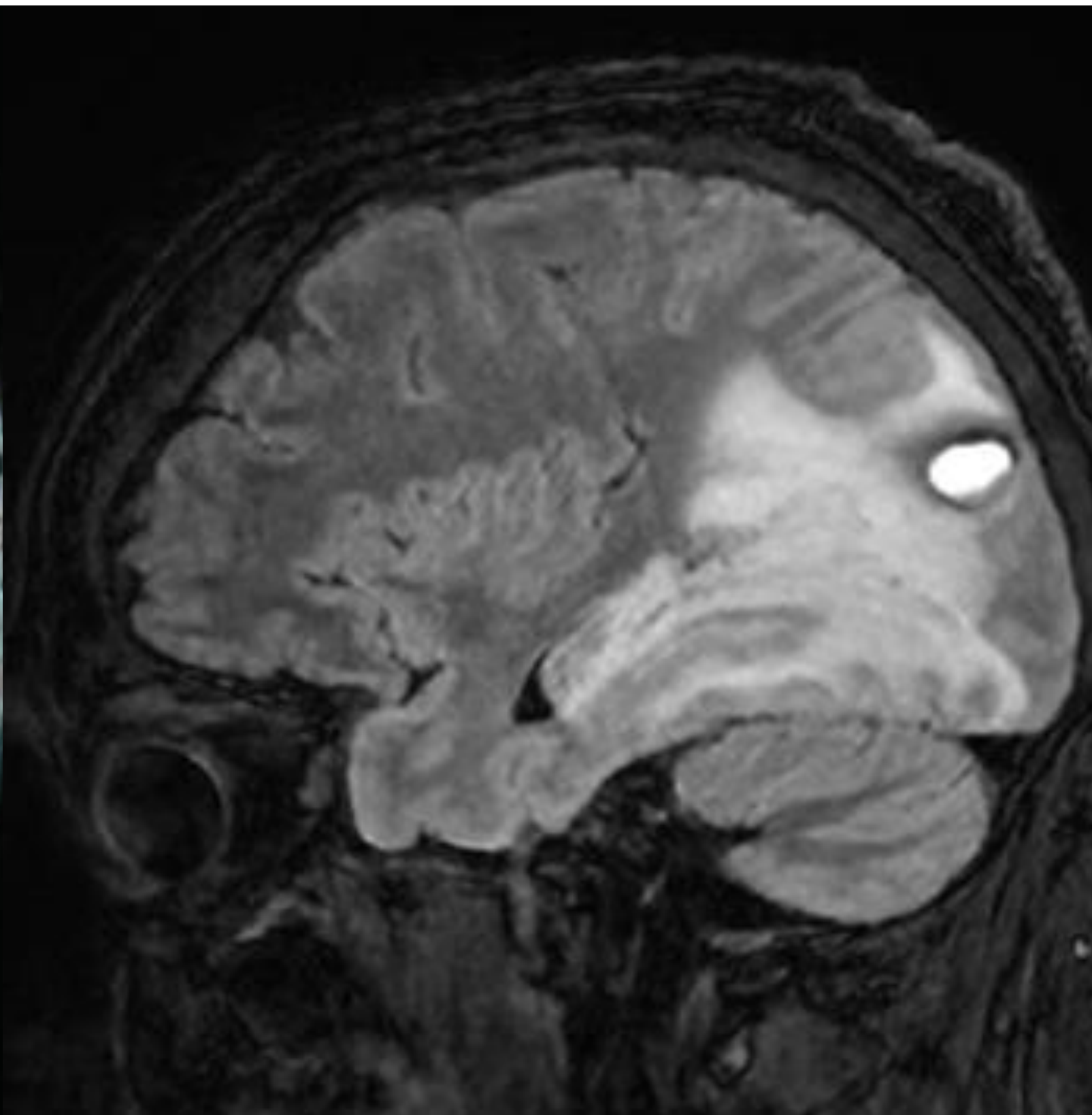
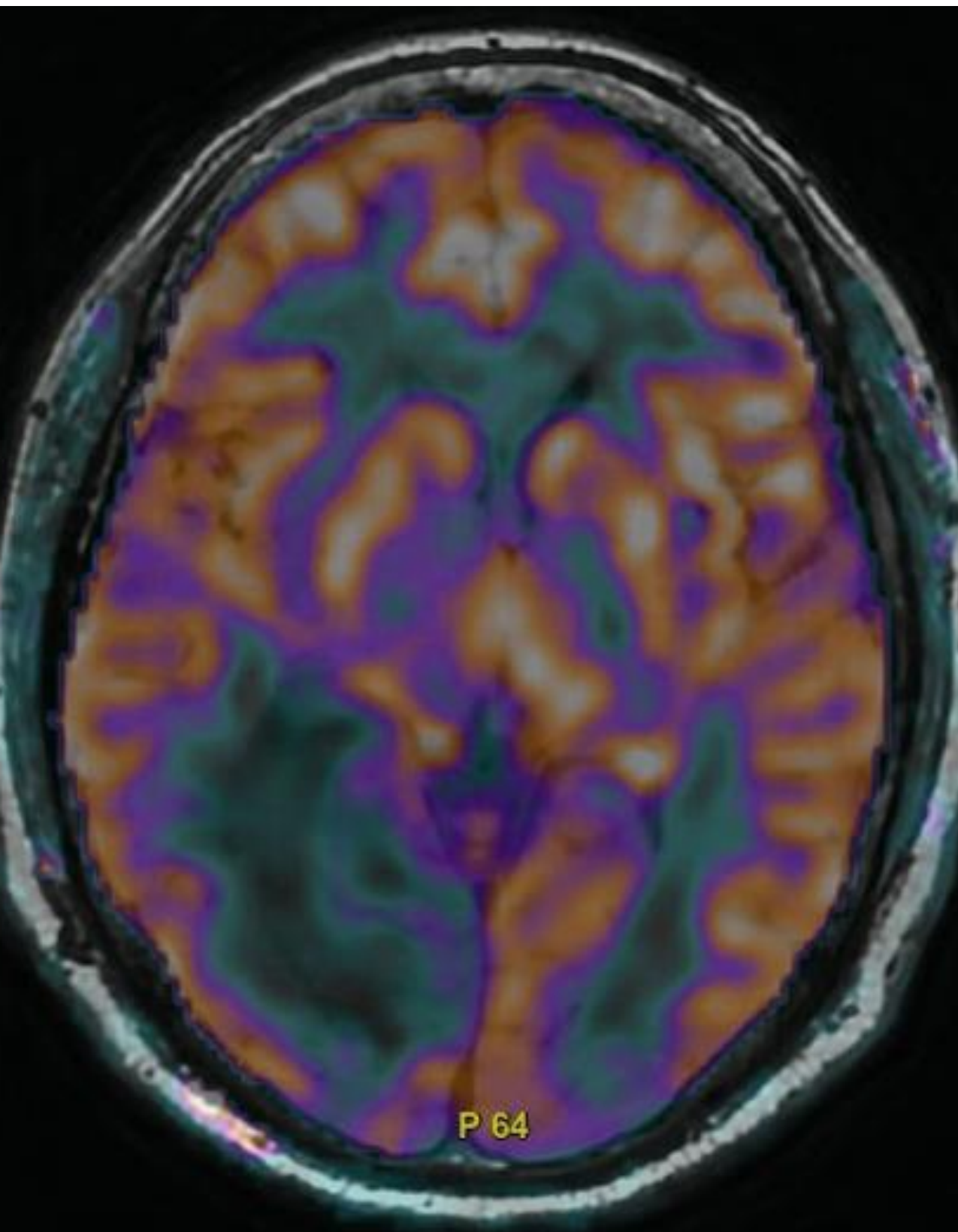
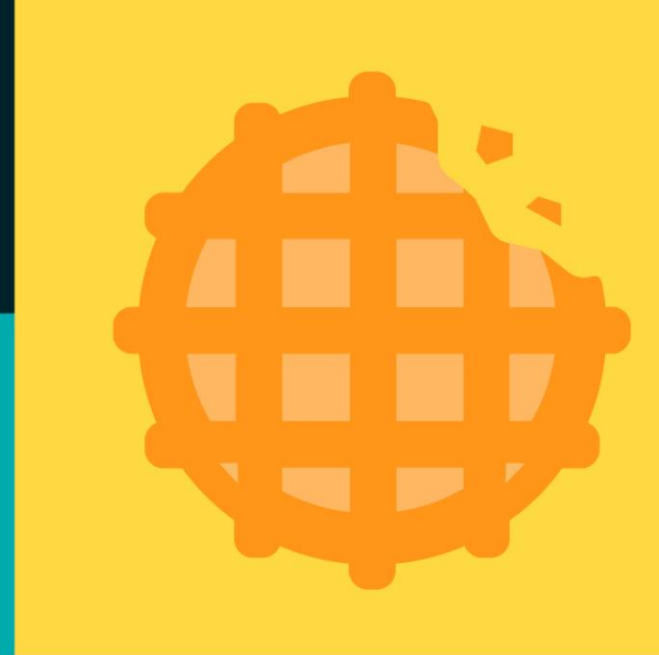
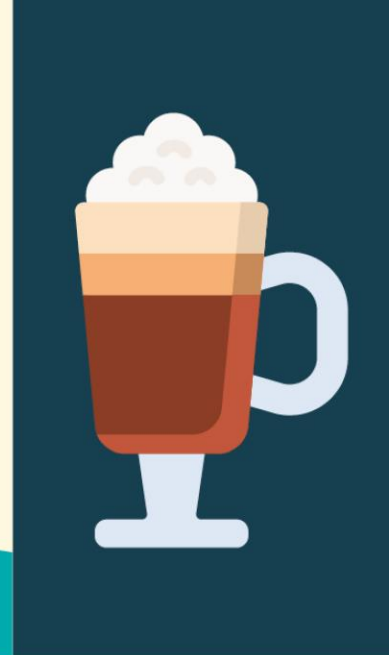


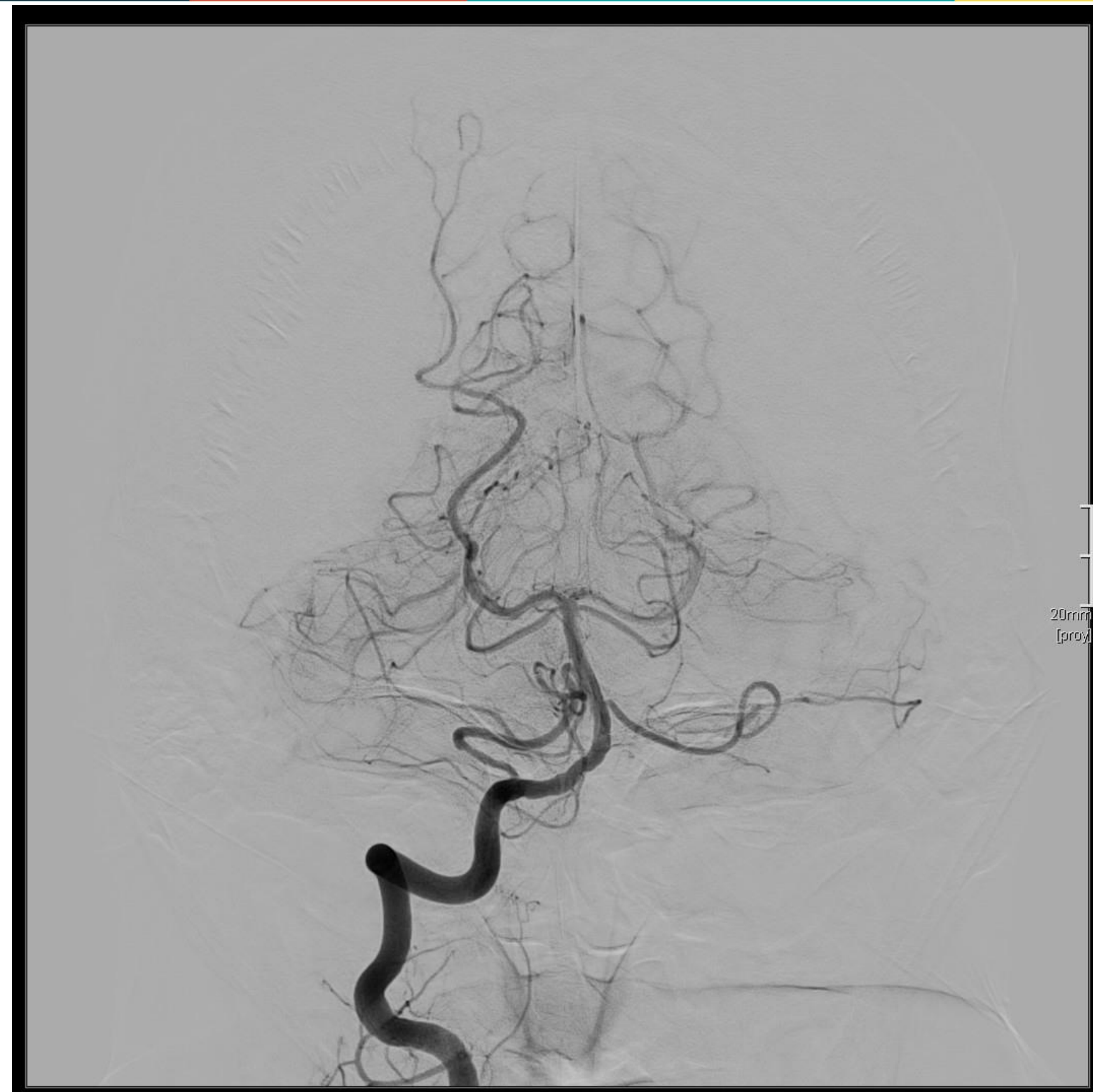
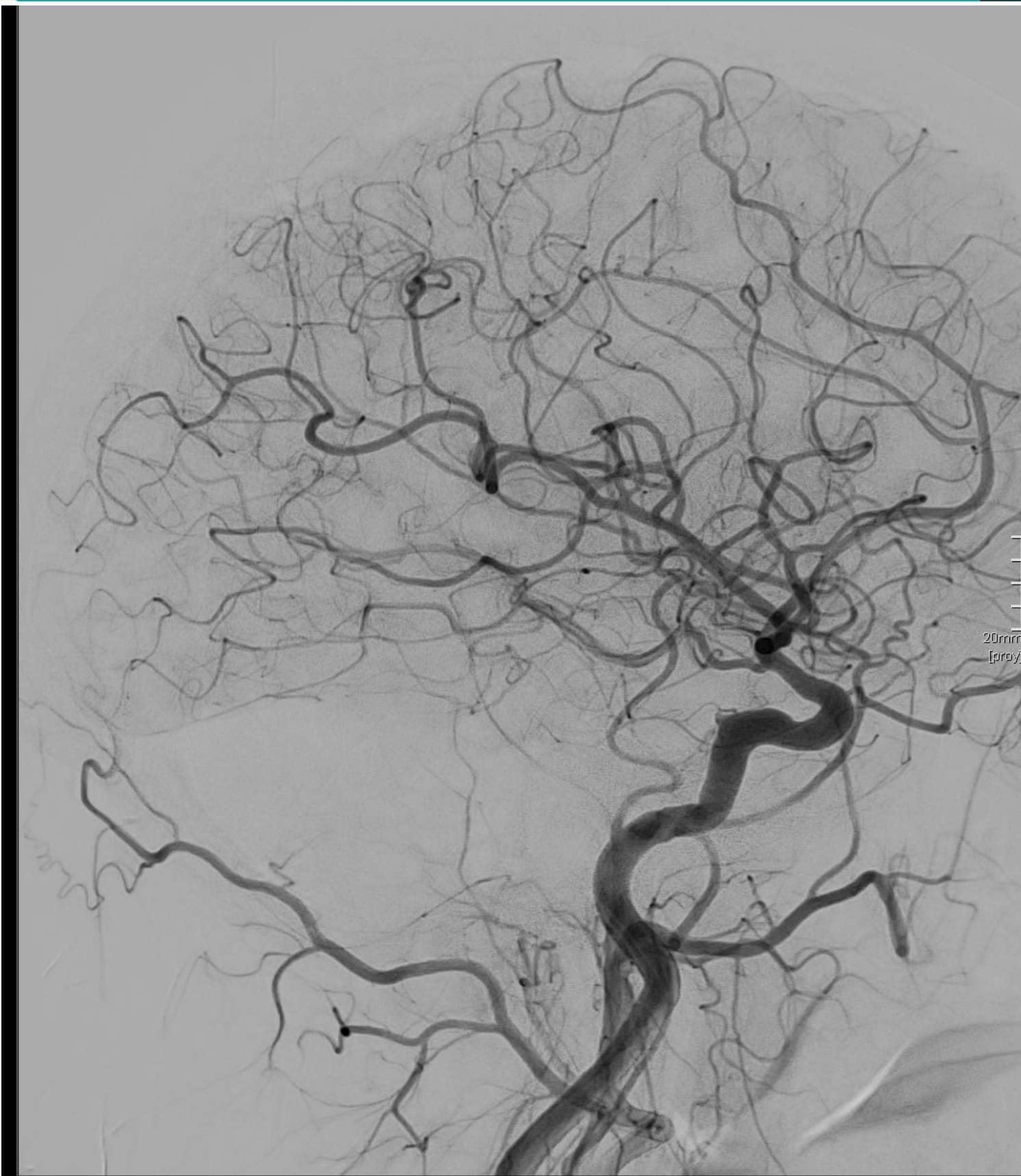
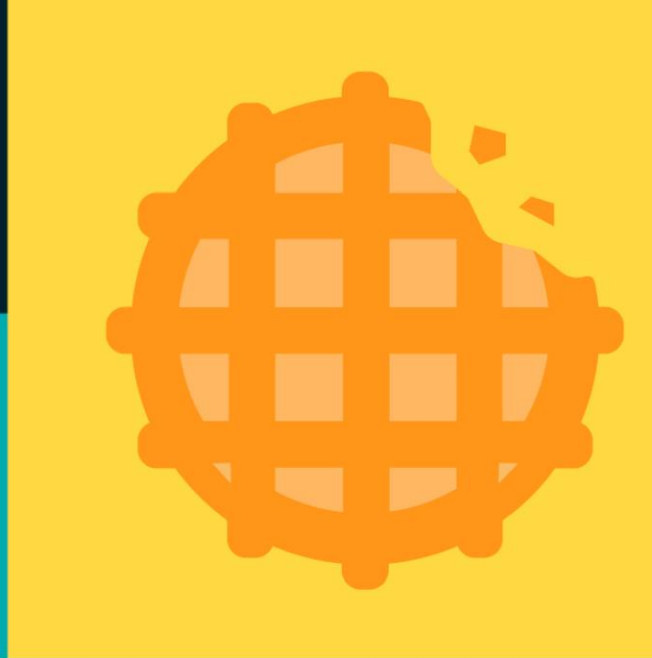
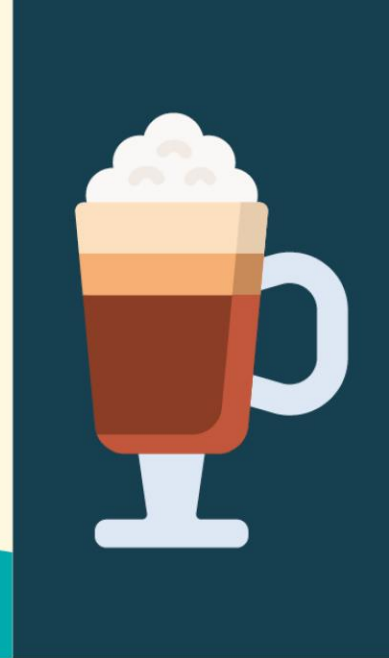
Brain CT.



Post-surgery evolution: Left superior homonymous quadrantanopia.









A case of **subacute cerebral hemorrhage** in a patient with two mechanical prostheses and **anticoagulated (acenocumarol)**.

ENDOCARDITIS TEAM



Stop anticoagulants for 48 h and repeat MRA

New MRA: stable hematoma and anticoagulation with heparin was started.

Evolution: reduction of the hematoma (MRA) & discharged.



A 31-year-old woman presented to another H with a one week history of **fever, malaise and headache**. Two months earlier she had been to the dentist for a **teeth cleaning**.
Physical Ex: pansystolic murmur due to MR & no HF.
Suspicion of IE: blood cultures & echocardiography.
TTE & TEE: MV prolapse, 10 mm veg and moderate to severe MR.
BC: Streptococcus sanguinis (Viridans S. group).
Medical treatment: ceftriaxone 2 g/day iv. during 6 weeks.



Brain CT: Large intracerebral hemorrhage + severe edema + midline shift and mass effect.

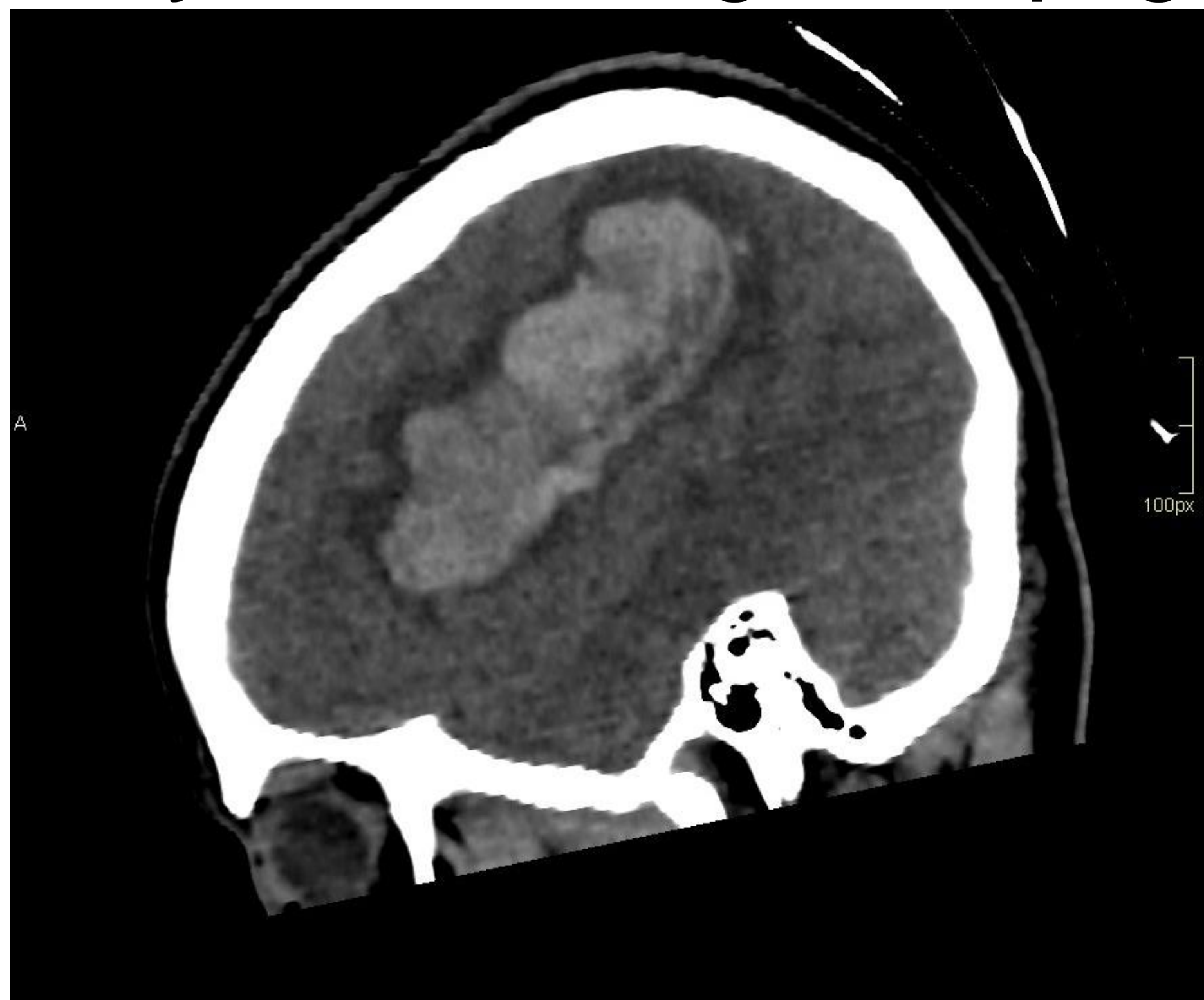
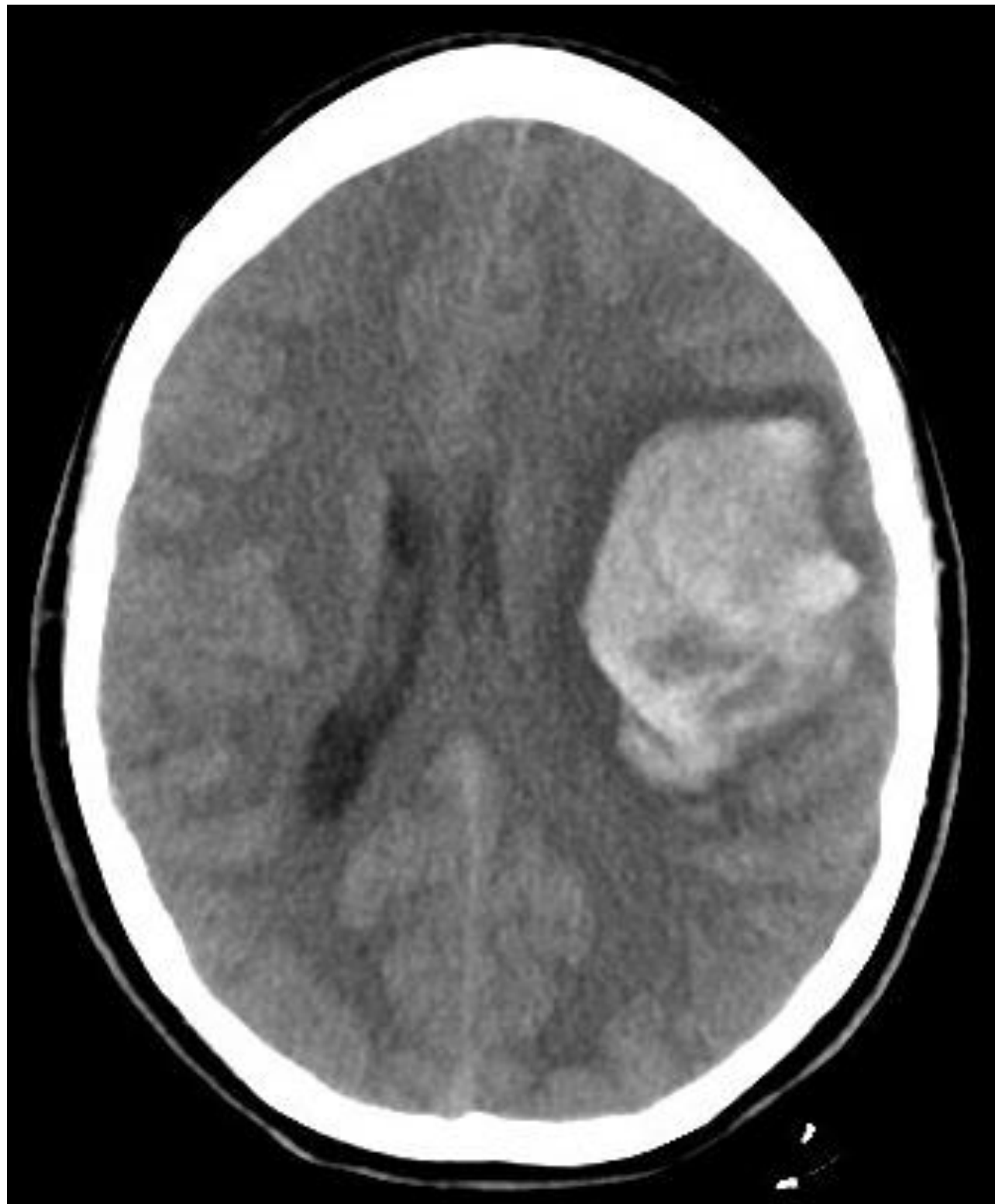
Neurosurgery: decompressive craniectomy & hematoma evacuation. A **mycotic aneurysm** was found inside the hematoma and direct surgical clipping was performed.

Antibiotics: Ceftriaxone 2 g/day was resumed.

Control MRA: another **mycotic aneurysm** was found and **endovascular treatment with glue** was performed.



CODIGO ICTUS: confusion, dysarthria and right hemiplegia.



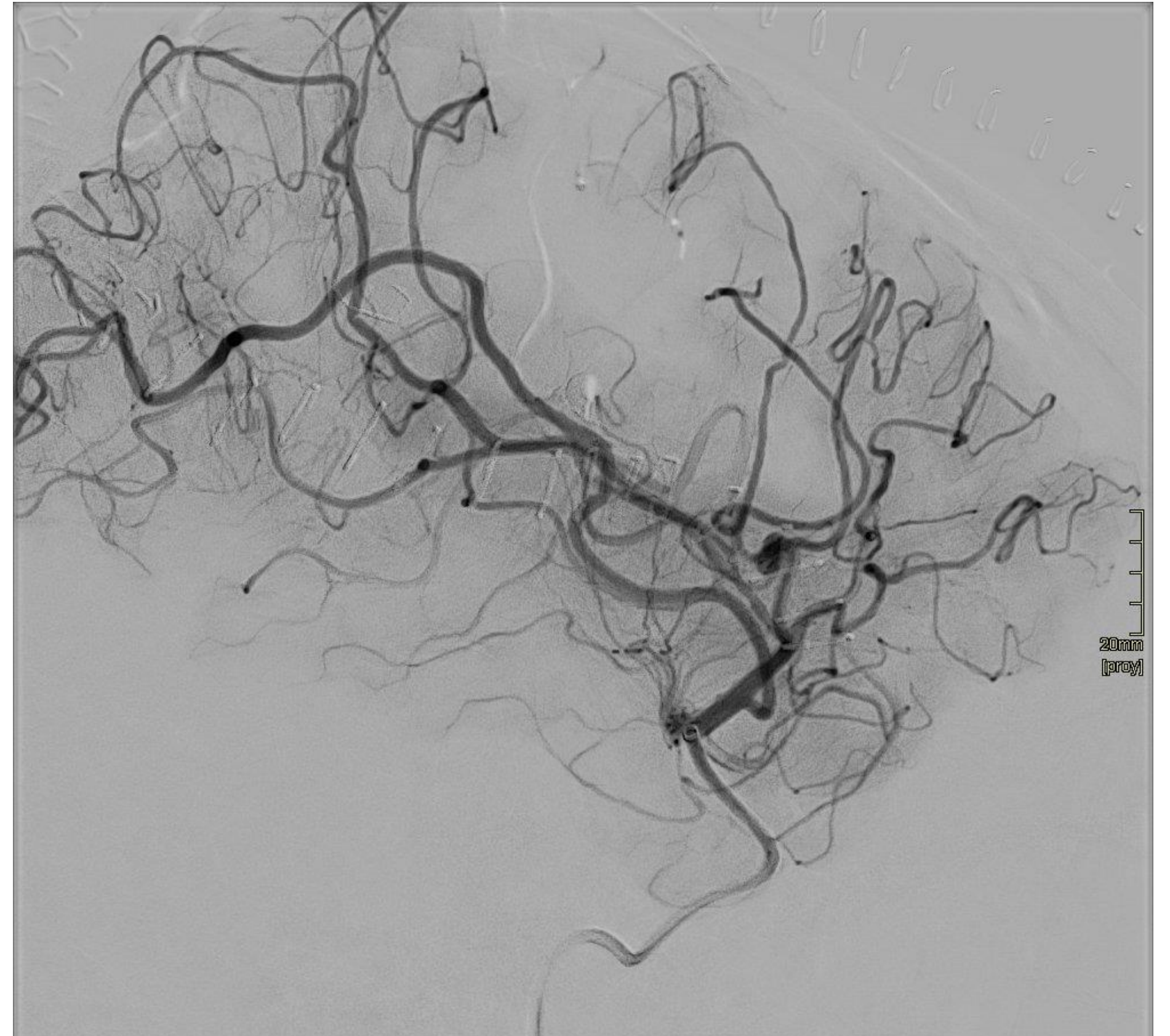
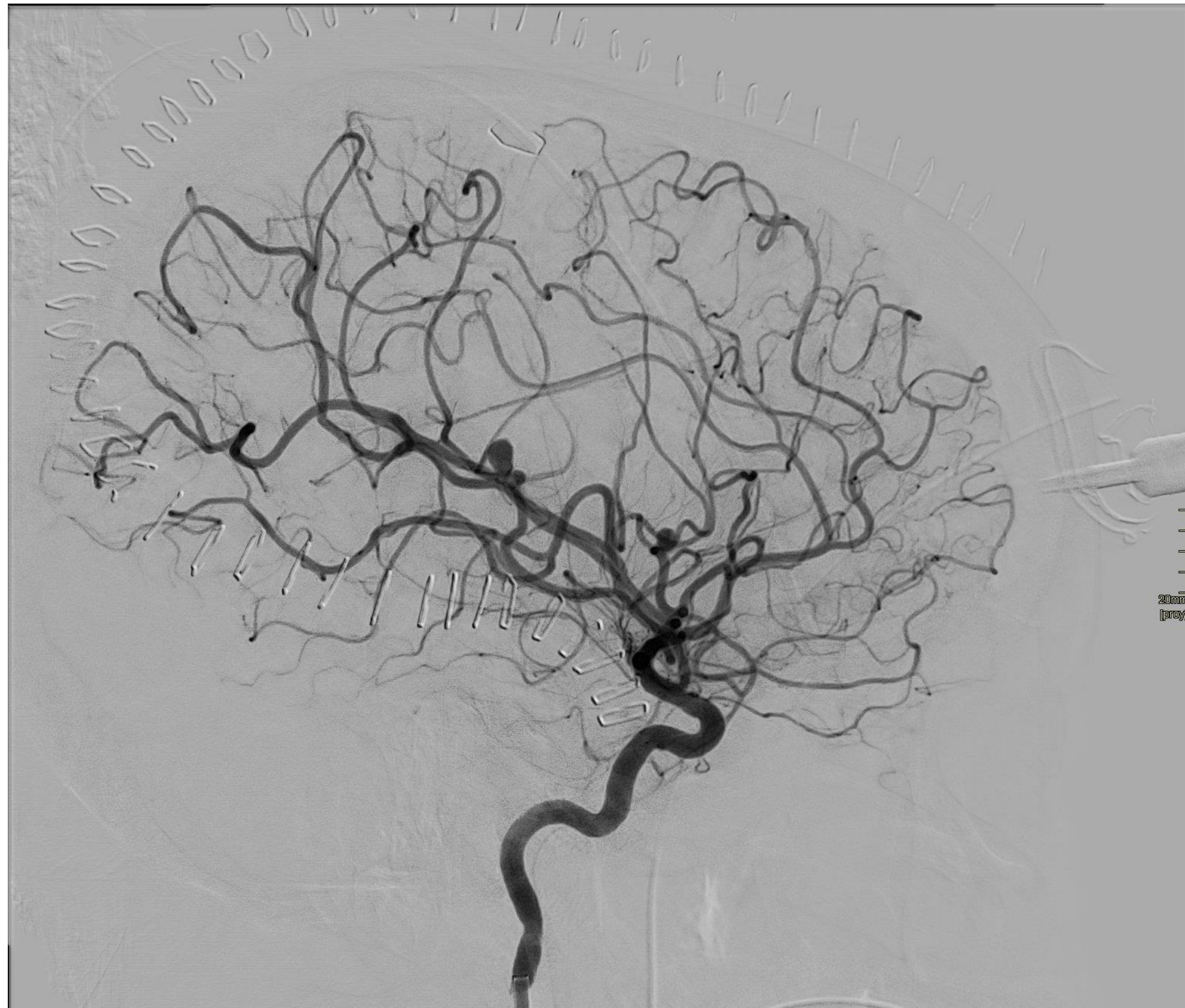
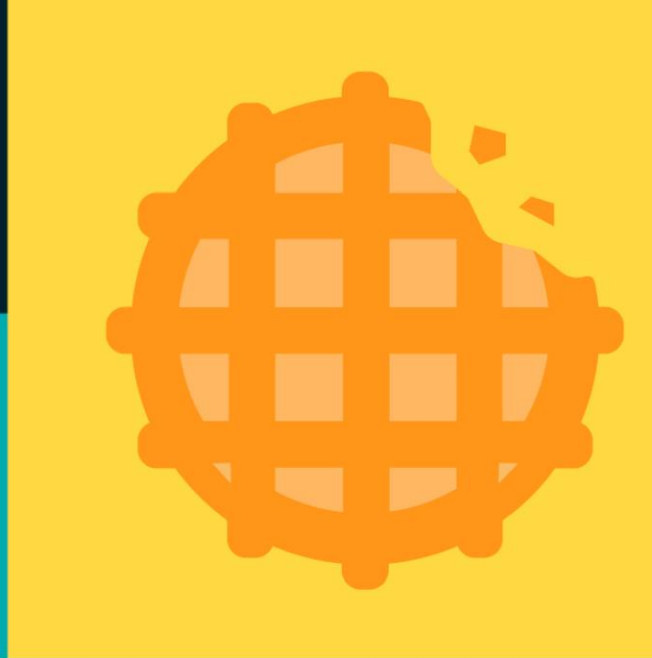
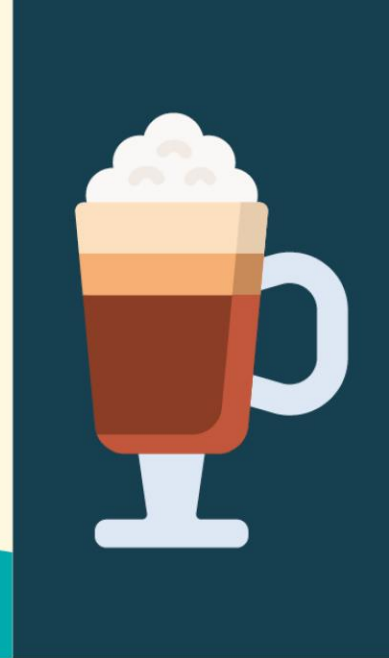


Brain CT: Large intracerebral hemorrhage + severe edema + midline shift and mass effect.

Neurosurgery: decompressive craniectomy & hematoma evacuation. A **mycotic aneurysm** was found inside the hematoma and direct surgical clipping was performed.

Antibiotics: Ceftriaxone 2 g/day was resumed.

Control MRA: another **mycotic aneurysm** was found and **endovascular treatment with glue** was performed.





Clinical evolution: she gradually recovered, had **no fever or signs of infection** at any time.

BC were negative, and she remained hemodynamically stable.

After **intensive neurorehabilitation and logotherapy**, she was discharged with normal walking, mild dysarthria and monoparesis of the right arm.





CONCLUSIONS

- Neurologic complications may occur **at any time.**
- When neurological complications are suspected, **MRA or CTA should be preferred over brain CT.**
- Neurosurgery or **endovascular therapy** in **large, growing or ruptured aneurysms.**
- Patient treatment must be individualized in many cases. **Endocarditis Team.**
- **Systematic search for these complications?**