

Marantic Endocarditis

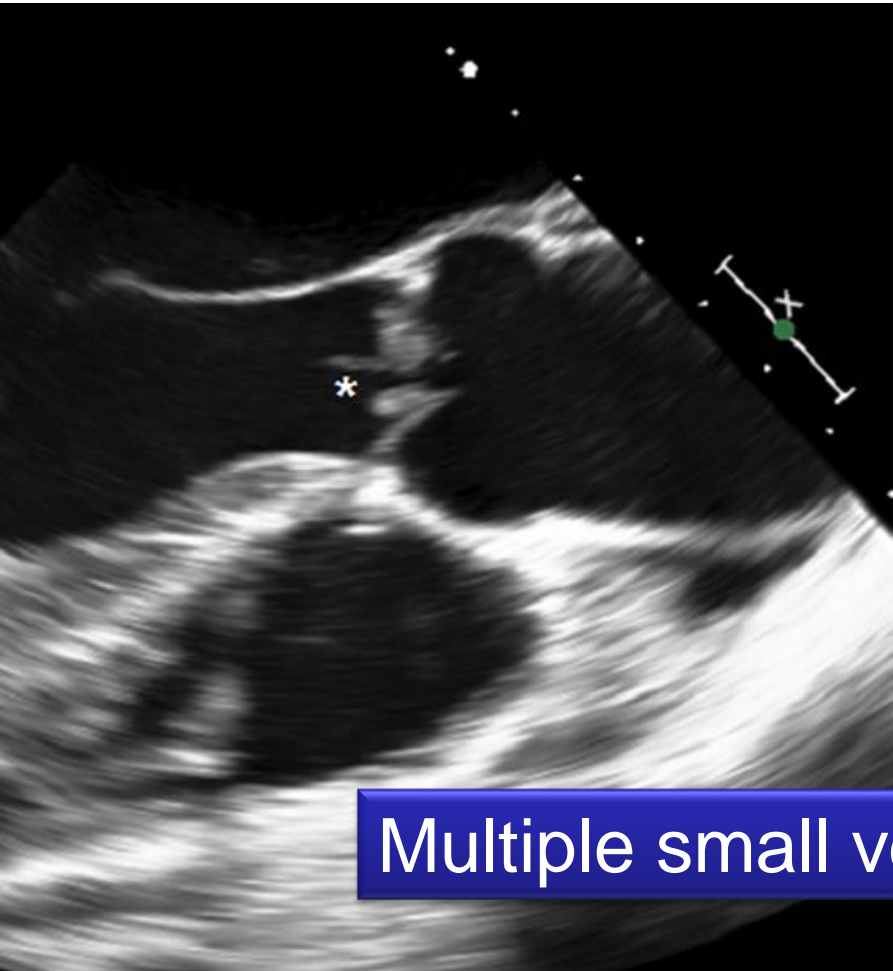
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A 59-year-old woman with hypertension presented with right sided weakness and vision loss. Her vital signs were normal; cardiopulmonary exam was significant for a systolic and diastolic murmur. MRI of the brain showed multiple chronic bilateral infarctions



Multiple small vegetation-like lesions

What is the most likely diagnosis?

A. Papillary fibroelastoma

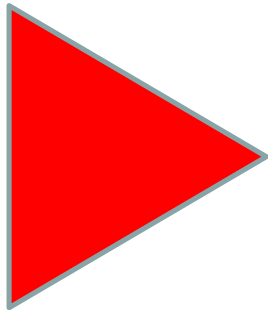
B. Infective endocarditis

C. Non-bacterial thrombotic endocarditis (NBTE)

D. Lambl's excrescences

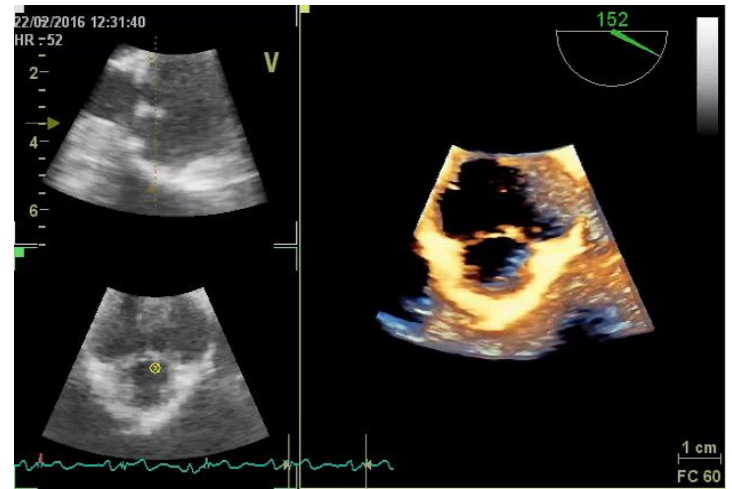
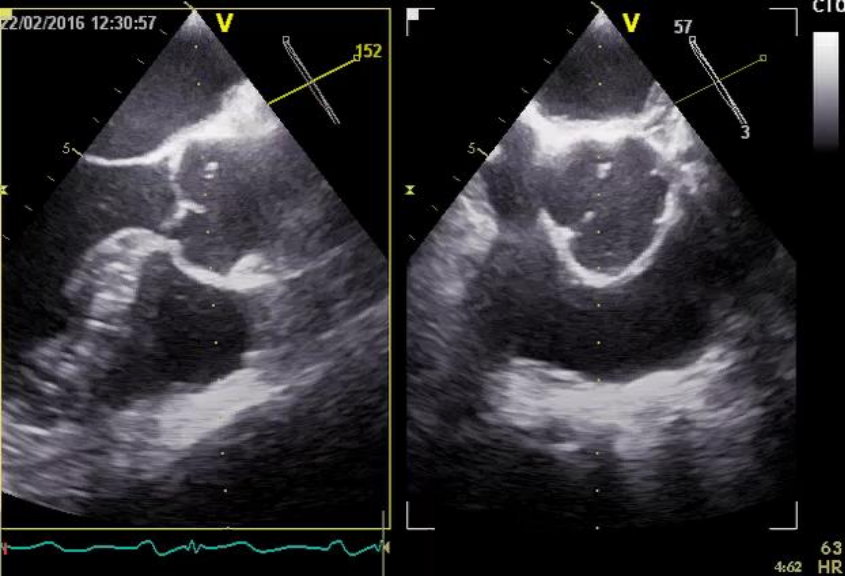
E. Valvular calcification

Major importance of the clinical context and of the clinical exam

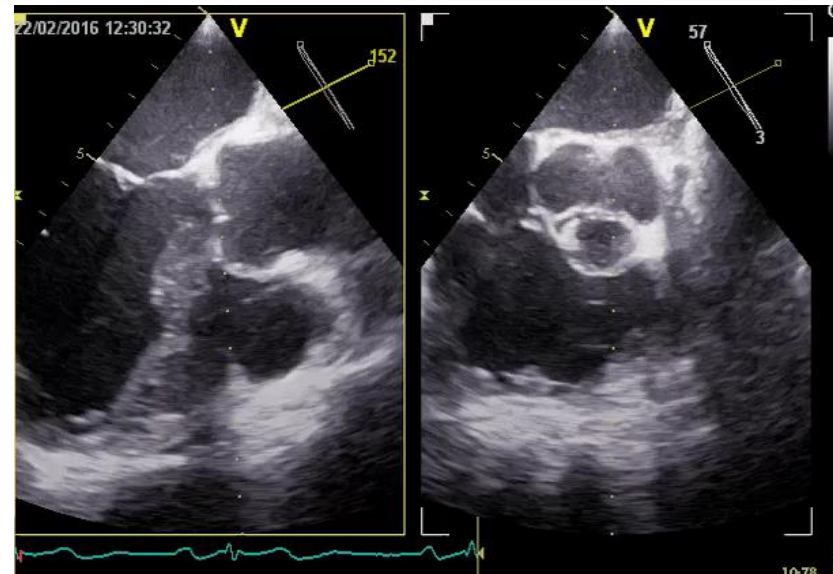


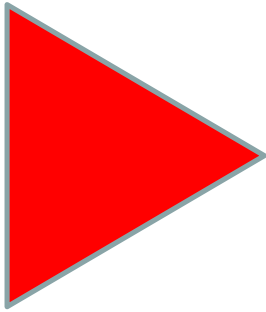
Non-bacterial thrombotic endocarditis

- ✓ Thrombophilic workup revealed positive antinuclear antibody (titre 1:640) and lupus anticoagulant;
- ✓ She was afebrile, without leukocytosis or positive blood cultures.
- ✓ During evaluation for vaginal bleeding 5 days later, she was diagnosed with stage IIB **endometrial carcinoma**.



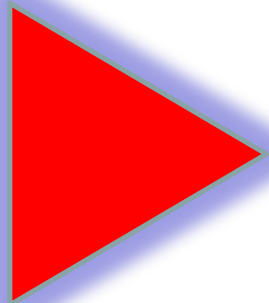
45 yo, hospitalized for stroke (s).
MRI: several lesions in different territories
Medical history: nothing



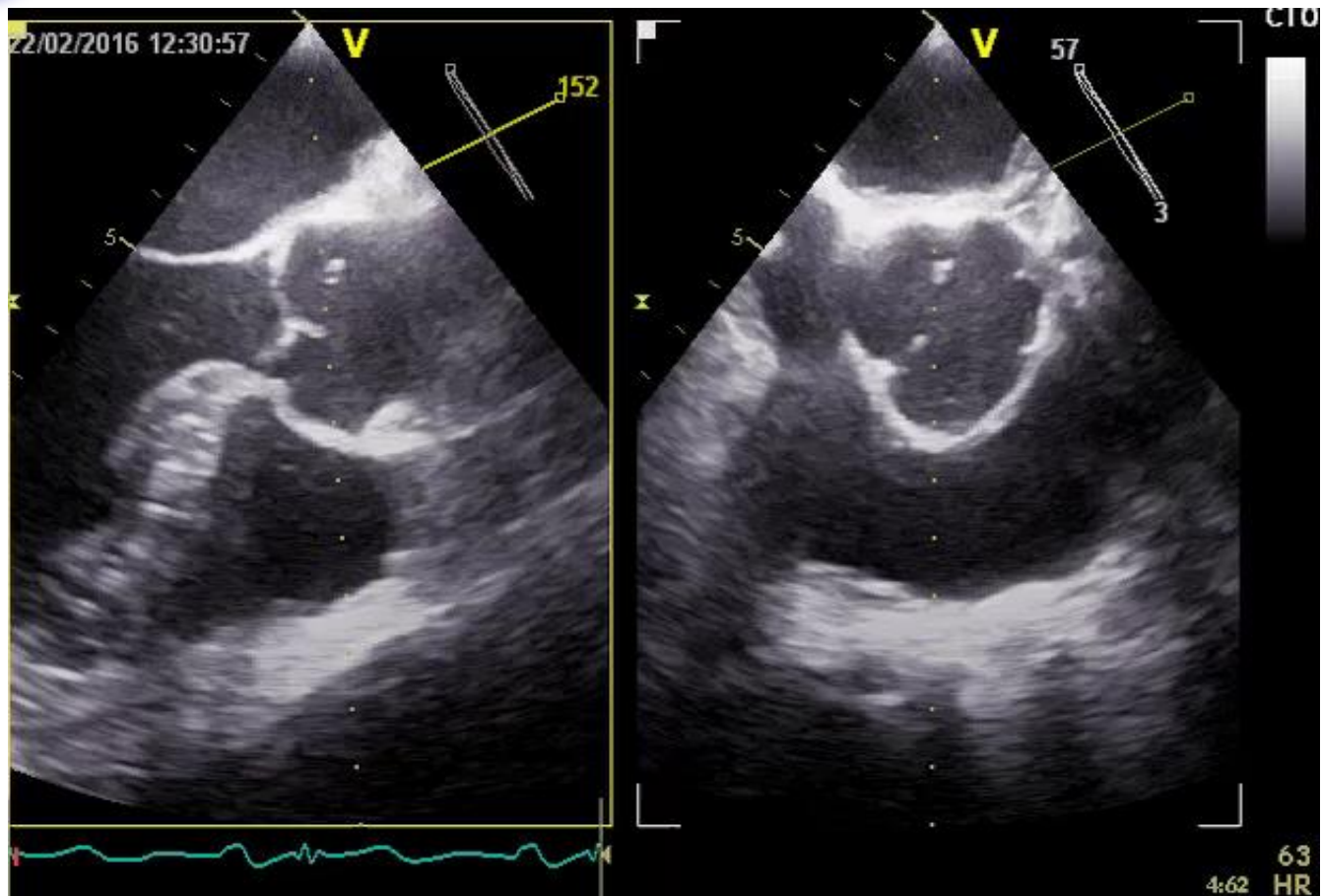


Non-bacterial thrombotic endocarditis ?

- Patient with “only” strokes
- No infection, Serologies, PCR negatives
- No inflammation, no coagulation abnormality
- No cancer at least clinically oriented



Fibroelastoma, operated 2 days later



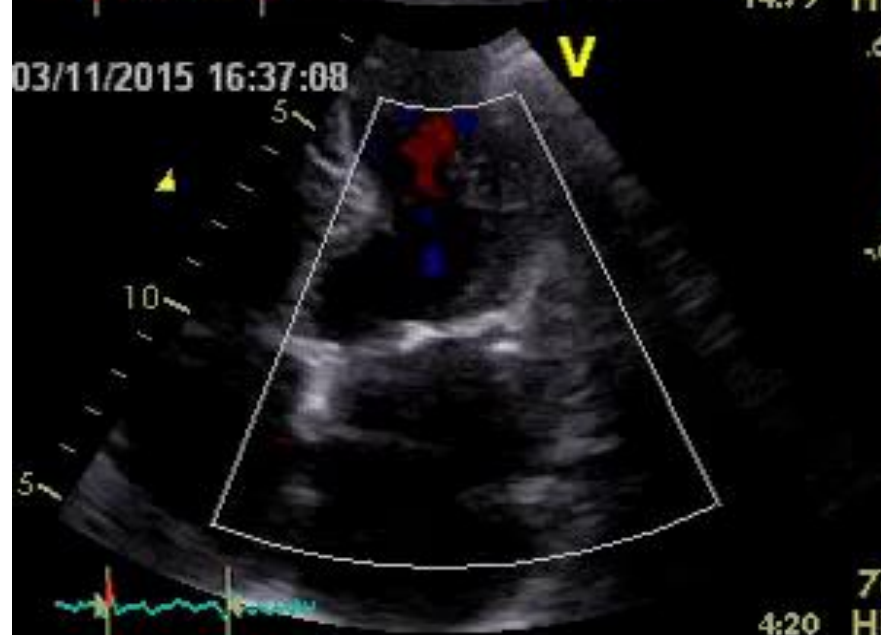
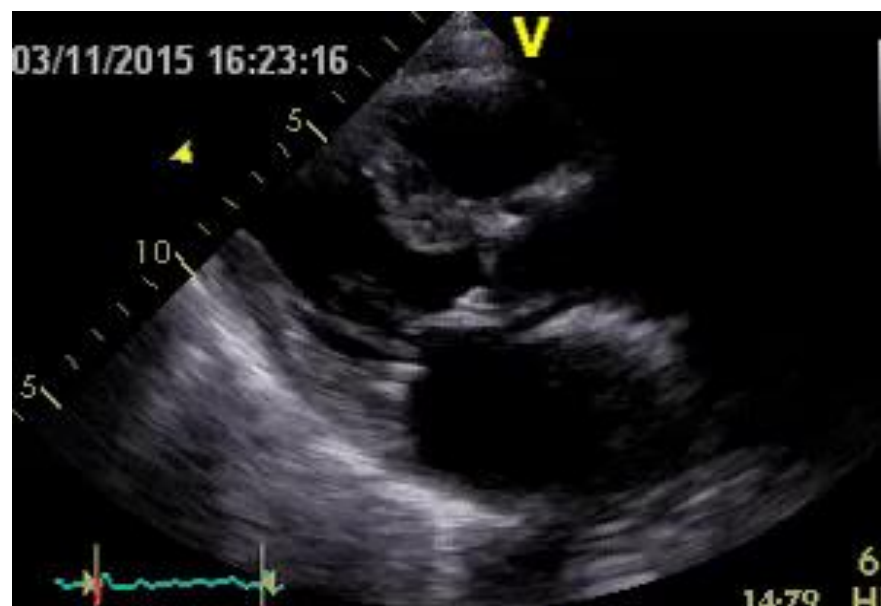
Mr F, 10/03/36: addressed for control of his Ao valve bio prosthesis:

- Bio prosthesis SJM 25 for aortic valve stenosis in 2008
- Afib : **VK-A**

Recently: exhaustion

- Gammapathy Suspicion with cryoglobulin +,
- Gammapathy with peripheral neuropathy with distal paresthesia

**Treated with polyclonal immunoglobulins,
internists asked for an echo:**

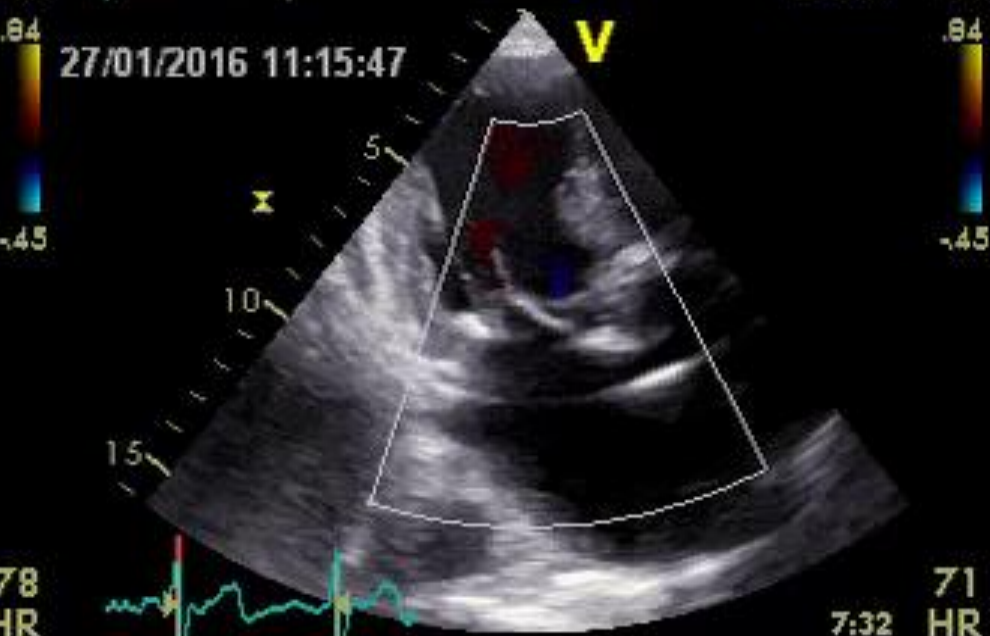
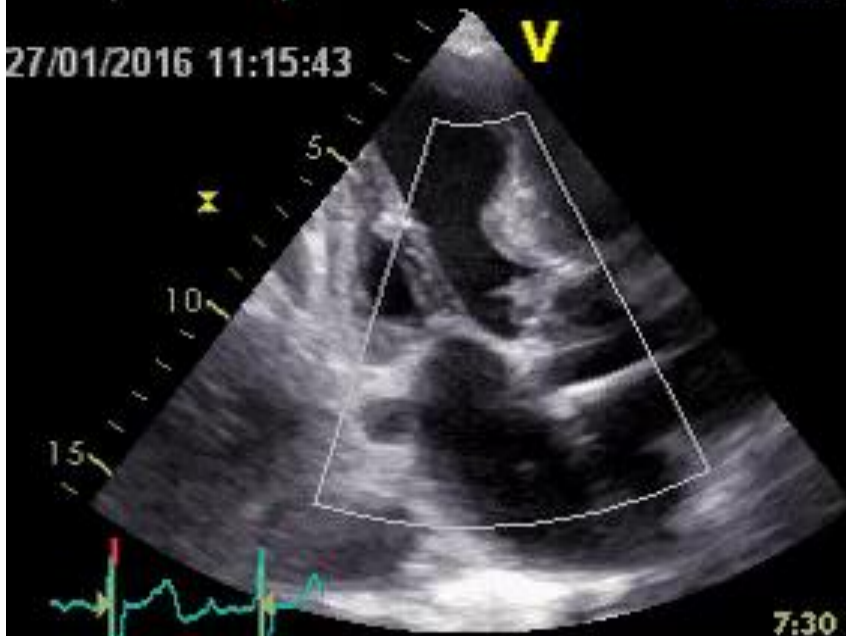
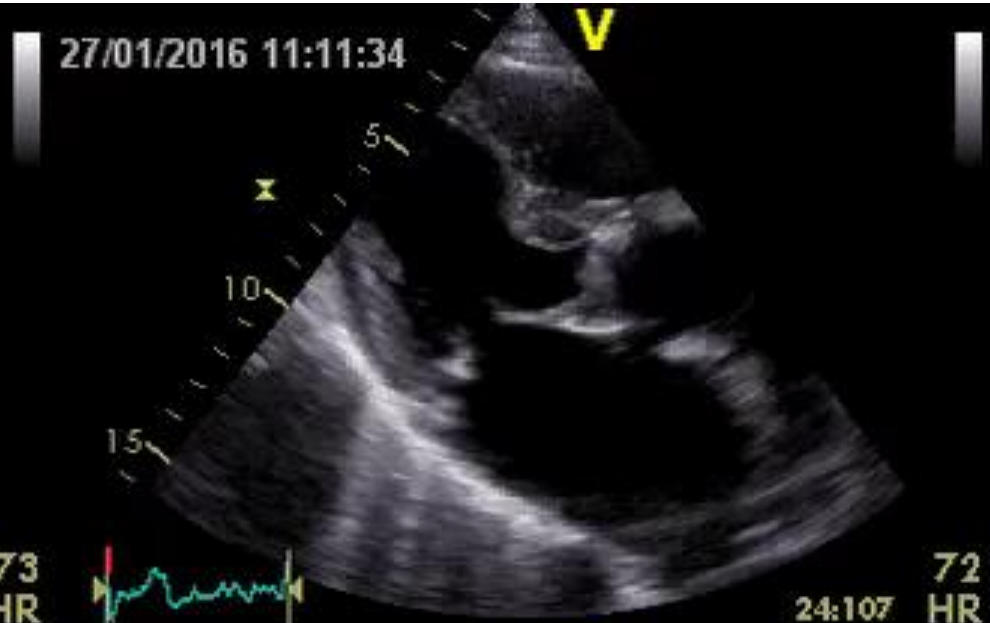
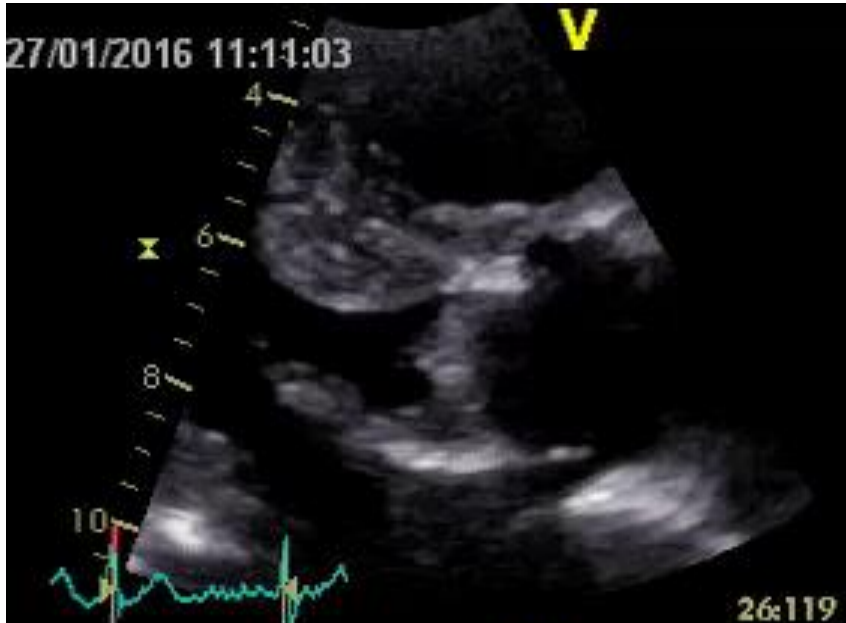


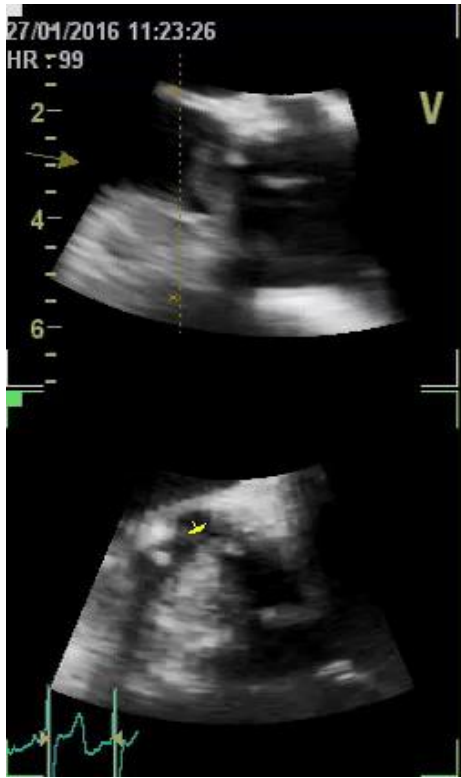
No valve dysfunction:

- ✓ Mean PG 12 mm Hg
- ✓ Effective orifice area: 1.3 cm²
- ✓ sPAP 35-40 mmHg

The patient came back two months later, still exhausted, despite the treatment that have been started.

Weight lost : 5 Kg





Stable hemodynamic performances of the bio prosthesis

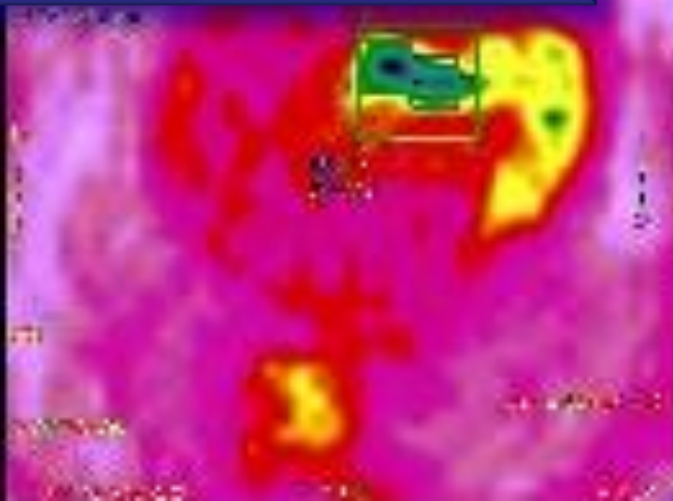
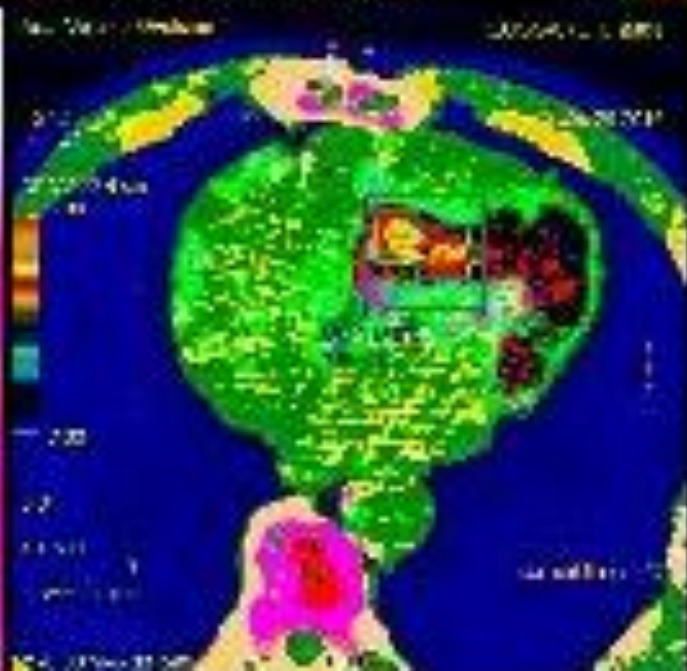
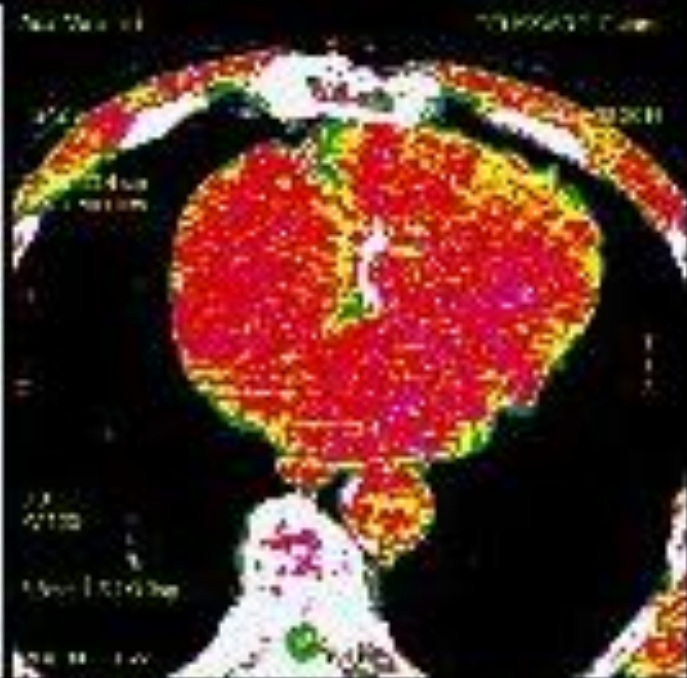


Hospitalized in Cardiology:

Nothing else than the echo;
No fever; CRP 34 mg/l

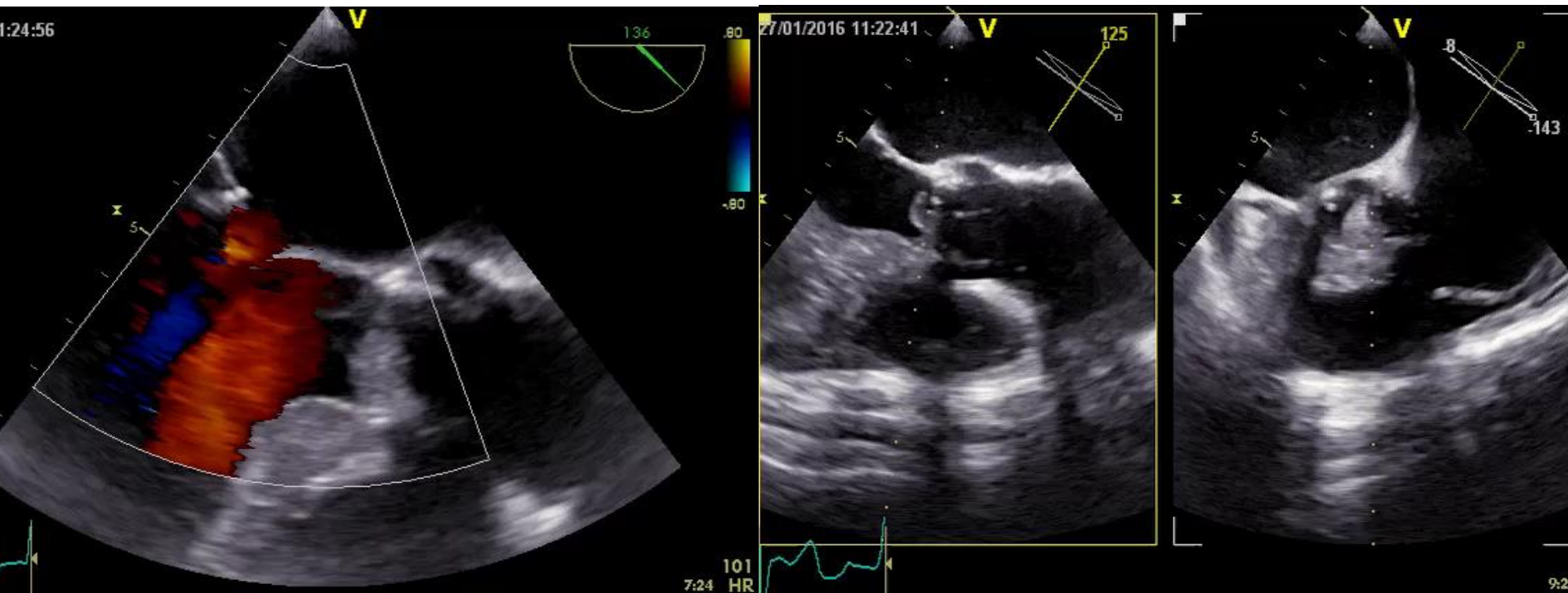
Blood cultures are all negative

Serologies are all negative...



The only fixation was on the Bioprosthesis

**You agree, this is a
Marantic endocarditis?**

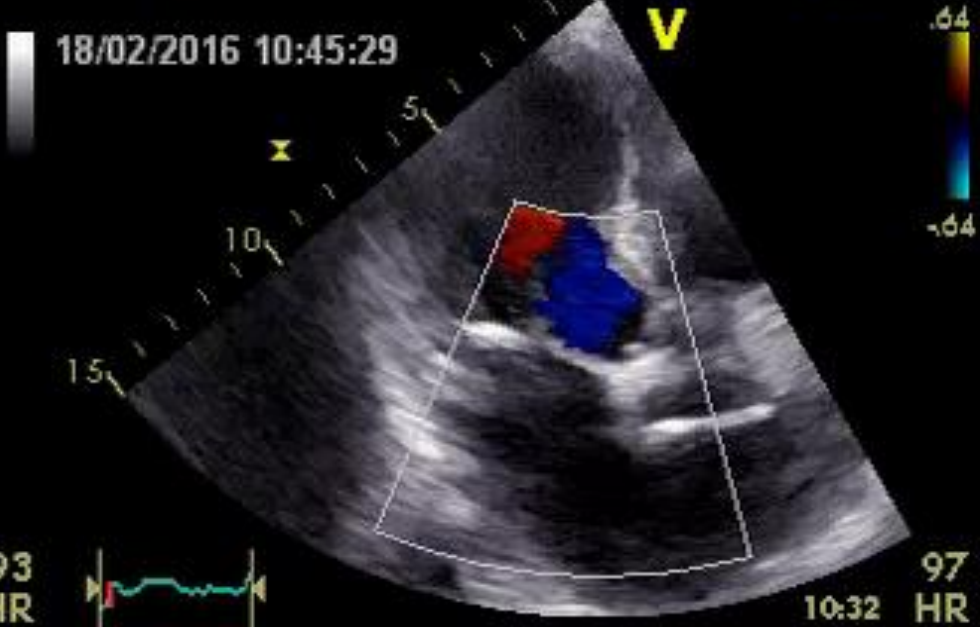


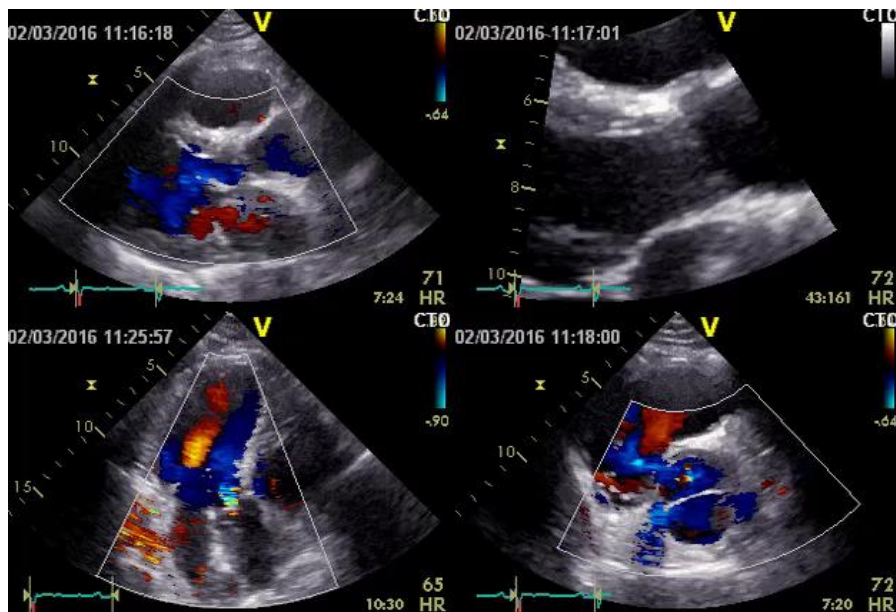
Later we received the very last serology...
the one for the Q fever...*coming from
Marseille*

+ for *Coxiella burnetii*

>> doxycycline

**Total recovery including the peripheral neuropathy
with distal paresthesia**

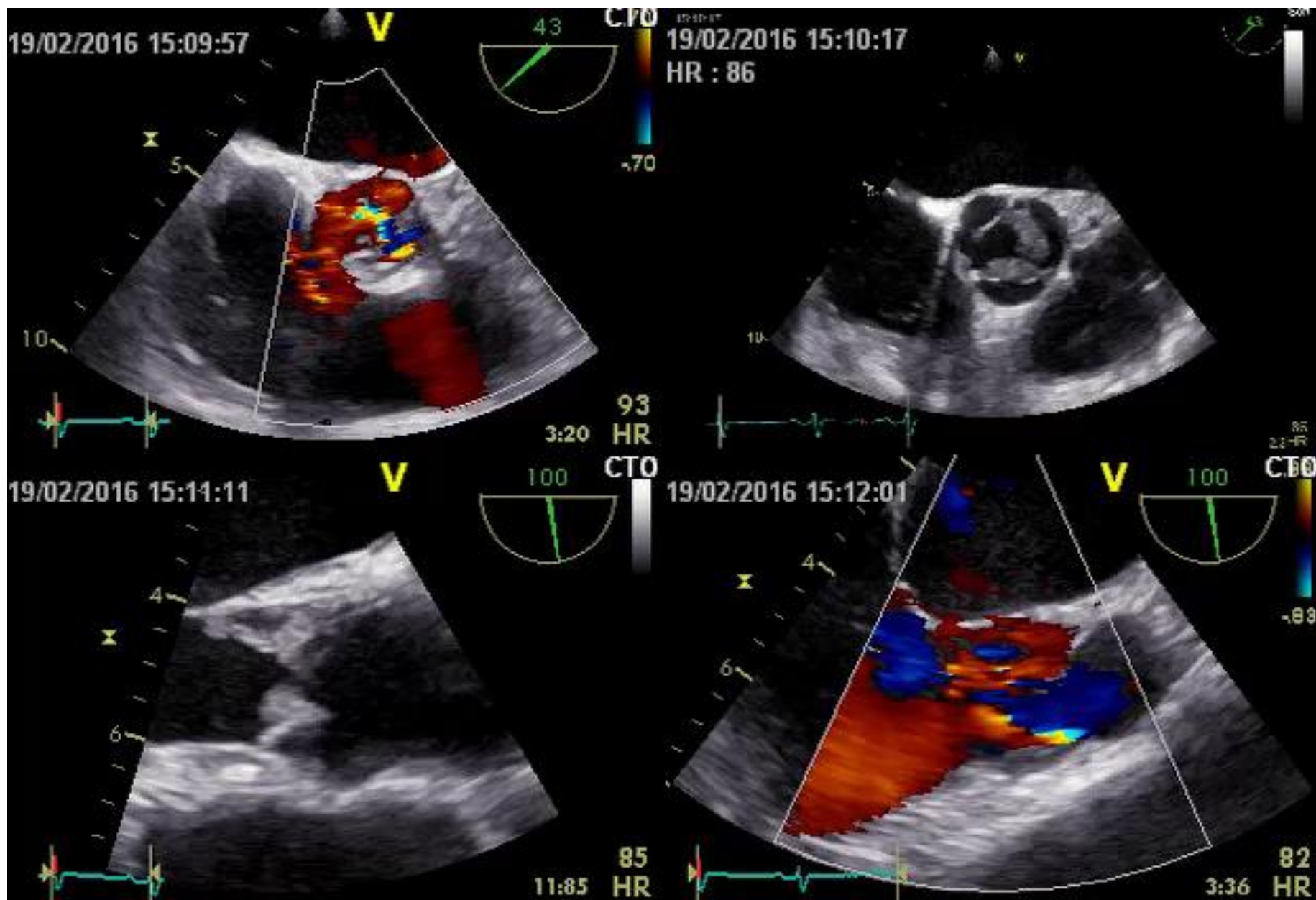




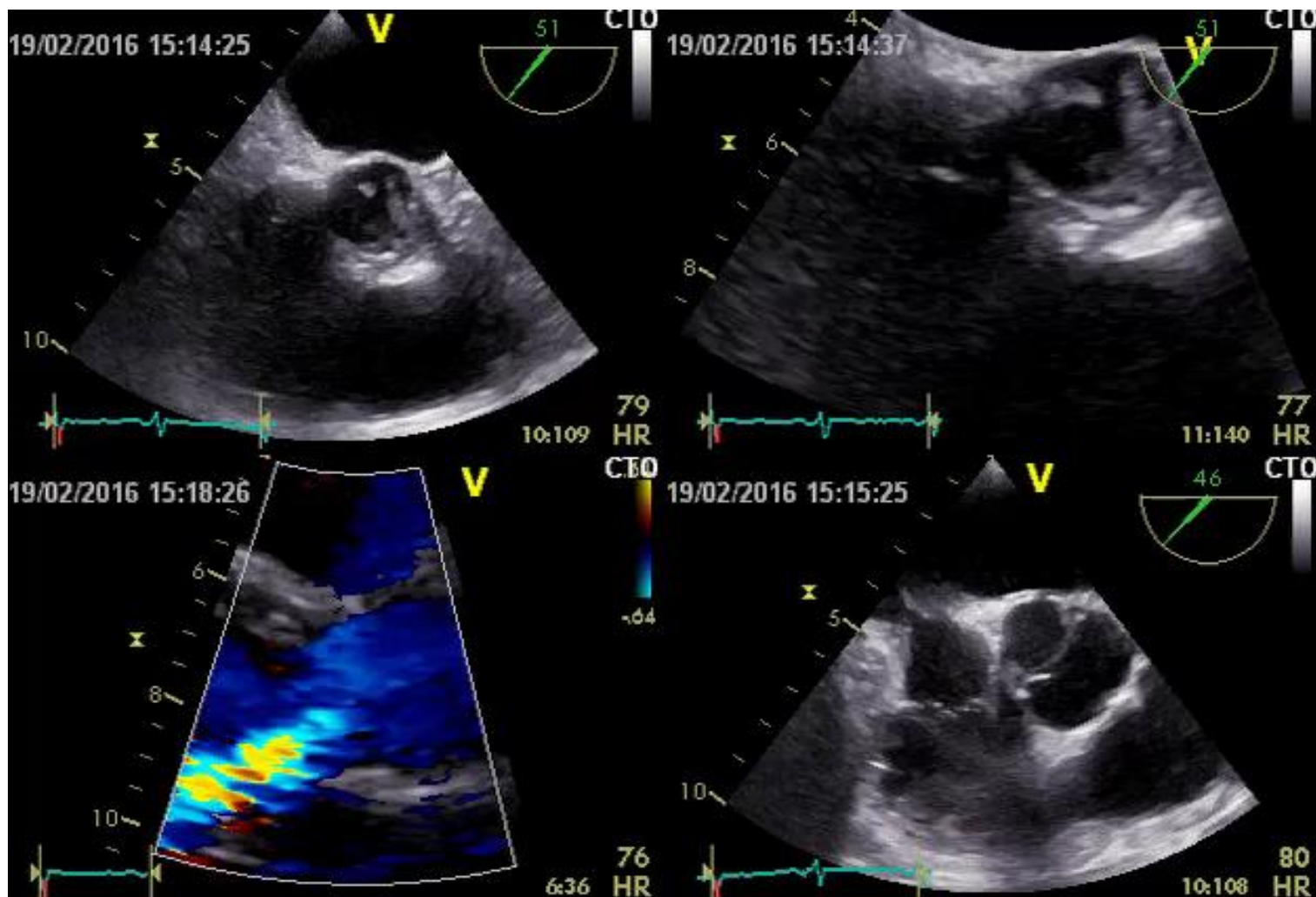
Last case

Colon cancer currently treated

Addressed for an echo because of a 2 days fever....



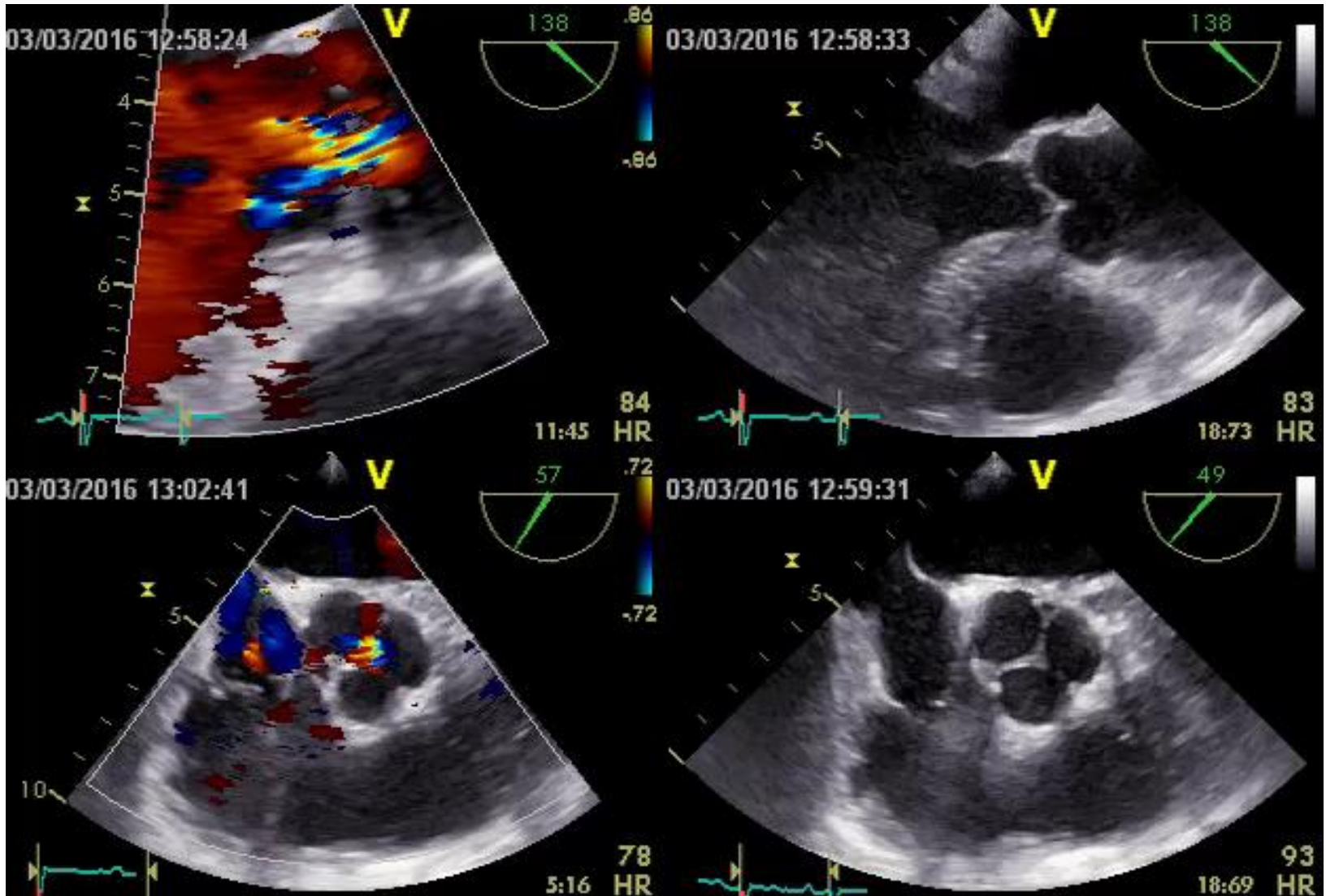
Multiple small vegetation-like lesions
> major risk of embolism >> anti-coagulation



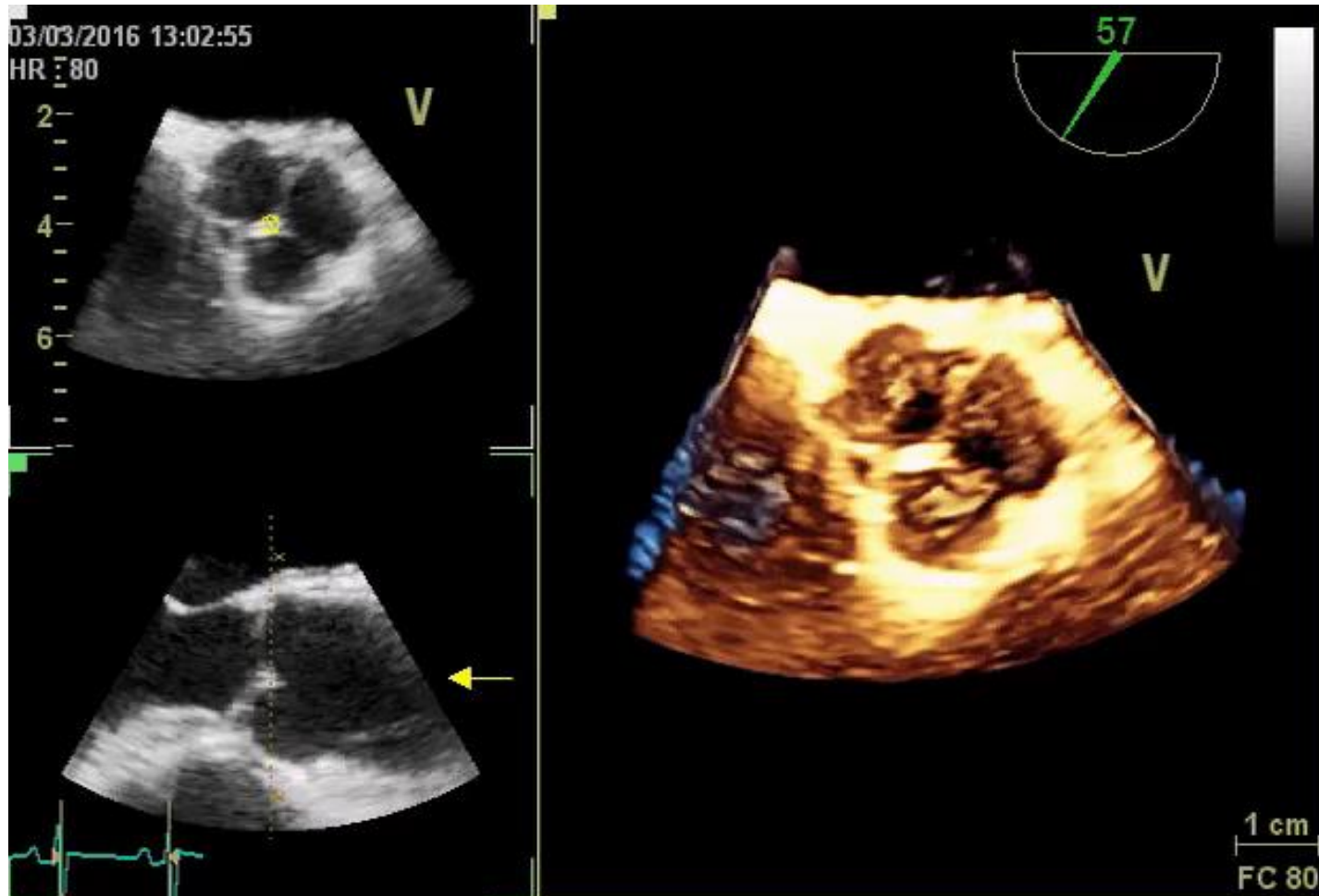
Except the colon cancer, NOTHING, and no fever anymore so
no treatment except Heparin

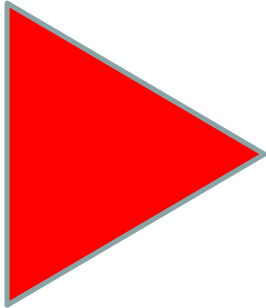
03/03/2016

>> colon cancer: Induced anti-phospholipid antibodies Sd



Just the chemotherapy for the colon cancer and Heparin...





Non-bacterial thrombotic endocarditis

Consider Guidelines first and look for a “real endocarditis”,

Afterwards, Look for a cancer, eventually look for a “coagulopathy”

No heart surgical indication, most of the time

Marantic endocarditis : 1.2% of patients with active cancer at autopsy

Mainly: Breast, colon , Lung, prostate

Investigation of rare causes of blood culture negative infective endocarditis

Pathogen	Diagnostic procedures
<i>Brucella spp.</i>	Blood cultures, serology, culture, immunohistology, and PCR of surgical material.
<i>Coxiella burnetii</i>	Serology (IgG phase I >1:800), tissue culture, immunohistology, and PCR of surgical material.
<i>Bartonella spp.</i>	Blood cultures, serology, culture, immunohistology, and PCR of surgical material.
<i>Tropheryma whipplei</i>	Histology and PCR of surgical material.
<i>Mycoplasma spp.</i>	Serology, culture, immunohistology, and PCR of surgical material.
<i>Legionella spp.</i>	Blood cultures, serology, culture, immunohistology, and PCR of surgical material.
<i>Fungi</i>	Blood cultures, serology, PCR of surgical material.

Think Q-fever, whipple...



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ESC GUIDELINES



2015 ESC Guidelines for the management of infective endocarditis

- Anticardiolipin IgG antibodies and anti-β₂ glycoprotein I IgG antibodies
- Protein S deficiency
- Protein C and antithrombin III levels.
- D-dimer , fibrinogen
- Antinuclear antibody
- Cryoglobulins.
- C3, C4,
- Hepatitis B, hepatitis C, and HIV serologyWhat else?