

Patent Ductus Arteriosus with Infective Endarteritis

SR Mittal*, Monika Maheshwari**

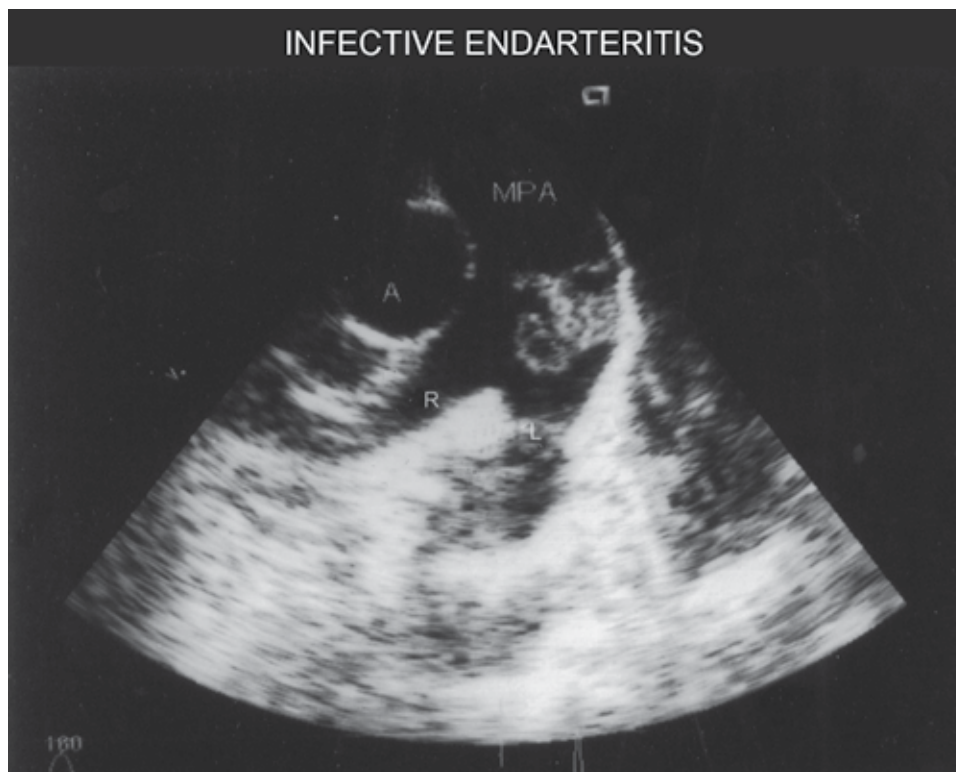


Fig. 1 : Transthoracic echocardiogram - Short axis view showing dilated main pulmonary artery with two polypoid vegetation on it's left wall.

A 35 year old female presented with fever since 1 week. Physical examination revealed temperature-100.4 F, pulse-100/minute high voluminous, blood pressure-120/60mmHg and a continuous machinery murmur audible at left second intercostal space. Total leucocytic count was 14,600 cells/cubic mm, with E.S.R.-100mm 1st Hr. Peripheral blood film revealed normocytic normochromic anaemia. On blood culture β haemolytic group D streptococci were grown. In trans thoracic echocardiogram continuous flow pattern was demonstrated by doppler typical for patent ductus arteriosus (PDA). Short axis view revealed dilated main pulmonary artery with two polypoid vegetation on it's left wall. (Figure 1) Treatment with Penicillin G and Gentamicin was started for 6 weeks duration. Patient was afebrile after 3 days. Repeat blood cultures 2 weeks after treatment were sterile .

Infective endarteritis (IE) is a serious complication of clinically apparent PDA with fatality 20-45%.¹ However it is not known if 'silent PDA' which is not detectable by cardiac auscultation but can be recognized only by coloured flow echocardiography increases the risk of IE or not. There are only few reports of IE in silent PDA.^{2,3}

Therefore it is recommended that every isolated PDA with an audible typical continuous murmur should be closed irrespective of it's size because untreated persistent ductus arteriosus is a favourable site of IE and surgical / transcatheter occlusion of PDA virtually eliminates risk of this fatal entity.⁴

References

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*Ex.Senior Professor & Head, Department of Cardiology, J.L.N. Medical College, Ajmer; **Assistant Professor, Medicine Department, J.L.N. Medical College, Ajmer.

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