

Clinica-Medical Image

Splenic Infarct Secondary to Septic Embolus: An Infective Endocarditis Spectrum

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Figure 1: Coronal view of CT abdomen on arterial phase shows large area of diminished perfusion to the spleen.



Figure 2: Axial view of contrasted CT abdomen shows area of reduced perfusion of left kidney.

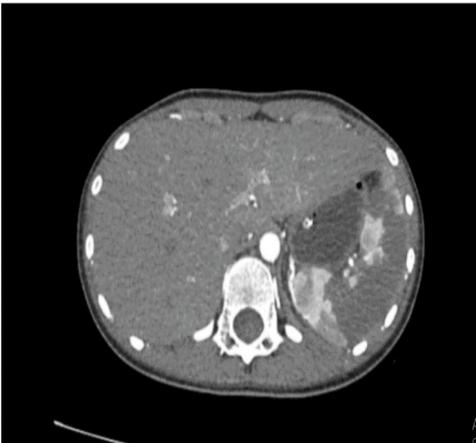


Figure 3: Axial view of contrasted CT abdomen shows large area of hypoperfusion to the spleen.



Figure 4: ECHO shows vegetation at the posterior leaflet of mitral valve.

Clinical Image

A 14-year-old girl with no comorbidities presented with failure symptoms, fever and abdominal pain for 2 weeks. Hemodynamically supported with inotropes and presence of pansystolic murmur heard on auscultation. Abdominal palpation reveals generalized tenderness, more prominent on the left side of the abdomen. Initial working diagnosis of ischaemic bowel was ruled out after CT abdomen performed. Findings show huge splenic infarct and segmental left renal infarct. ECHO was done after admission to the ward. It reveals vegetation at the posterior leaflet of mitral valve with severe mitral regurgitation (Figures 1-4).

Keywords: Septic embolus; Endocarditis; Spectrum

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