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IMAGE FOCUS



Q fever endocarditis

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A 64-year-old man from North Africa was admitted to our emergency department for confusion, dyspnoea, cough, night sweating for two months and loss of more than 10% of body weight in the last six months.

The physical examination was remarkable for a significant diastolic murmur. The laboratory tests revealed an inflammatory syndrome (CRP 29 mg/dl) with elevated NT-pro BNP (12,400 pg/ml), cholestasis (ALP 337

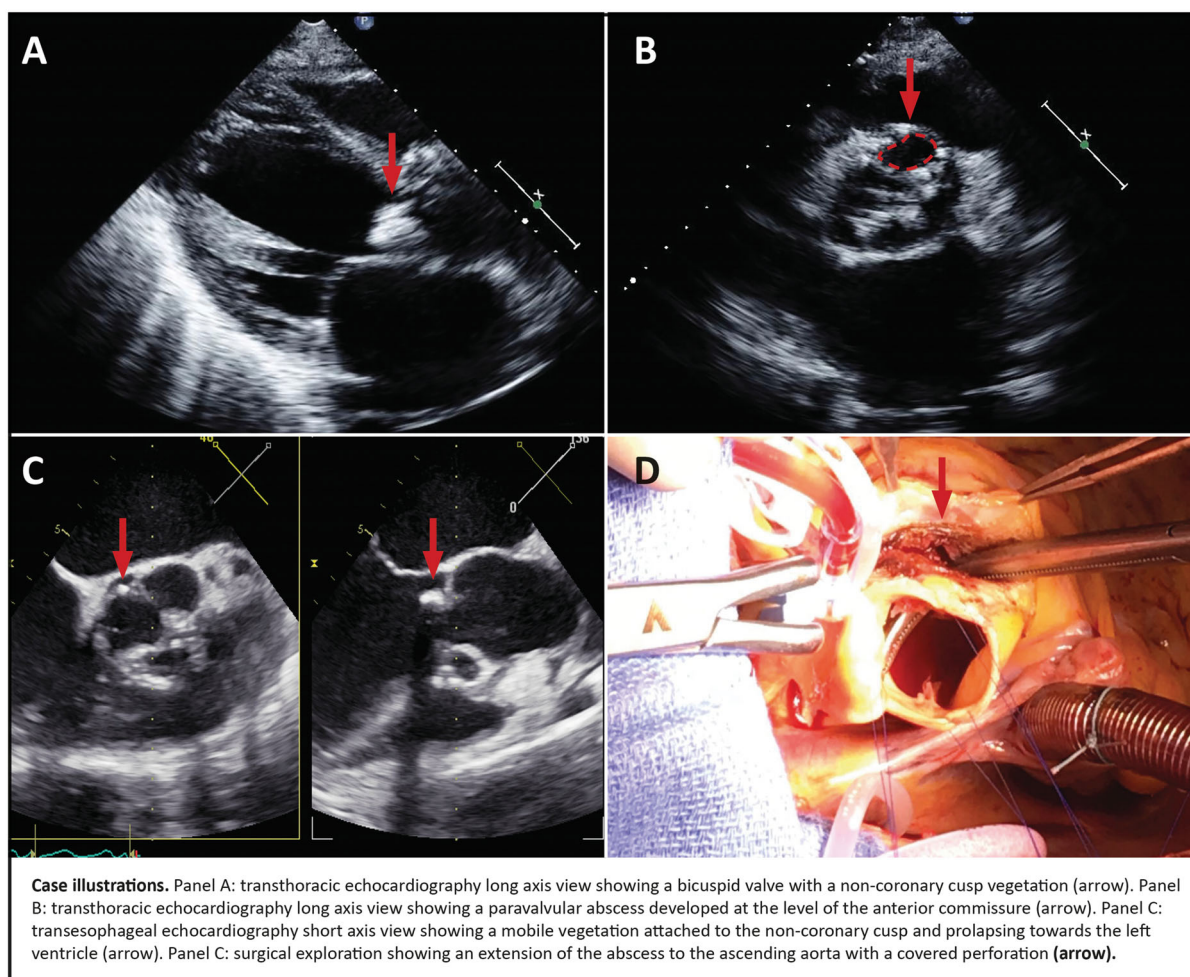


Figure 1.

UI/l, g-GT 325 UI/l) and renal insufficiency (MDRD 51 ml/min/1.73m²). The transthoracic echocardiography showed a bicuspid aortic valve with a non-coronary cusp vegetation (Panel A), a paravalvular abscess developed at the level of the anterior commissure (Panel B) and a regurgitant jet intensity consistent with severe regurgitation. The transesophageal echocardiography demonstrated a bicuspid aortic valve with a fusion of non-coronary cusp and right coronary cusp and a mobile vegetation attached to the non-coronary cusp and prolapsing towards the left ventricle (Panel C). Repetitive blood cultures remain negative. Surgical exploration revealed an extension of the abscess to the ascending aorta with a covered perforation (Panel D). A Bentall procedure was performed. *Coxiella burnetii* aortic valve endocarditis was considered after serology testing (*Coxiella burnetii* phase I IgG 1/65536, *Coxiella burnetii* phase II IgG 1/131072). The diagnosis of Q fever complicated with

endovascular infection was confirmed with PCR detection of *Coxiella burnetii* from a perioperative sample of the native valve. The antimicrobial treatment consisted of long term antibiotic therapy with doxycycline (100 mg bid) and hydroxychloroquine (200 mg tid). Herein, we described an unusual aetiology of infective endocarditis. This case is a reminder that Q fever and *Coxiella burnetii* valve endocarditis should be considered when microbial investigations remain negative.

Disclosure statement

This manuscript has been approved by all authors and has not been previously published. To our best knowledge, no conflict of interest, financial or other, exists.

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