



**Heart Institute
The Edith Wolfson
University Medical Center**

Fungal endocarditis

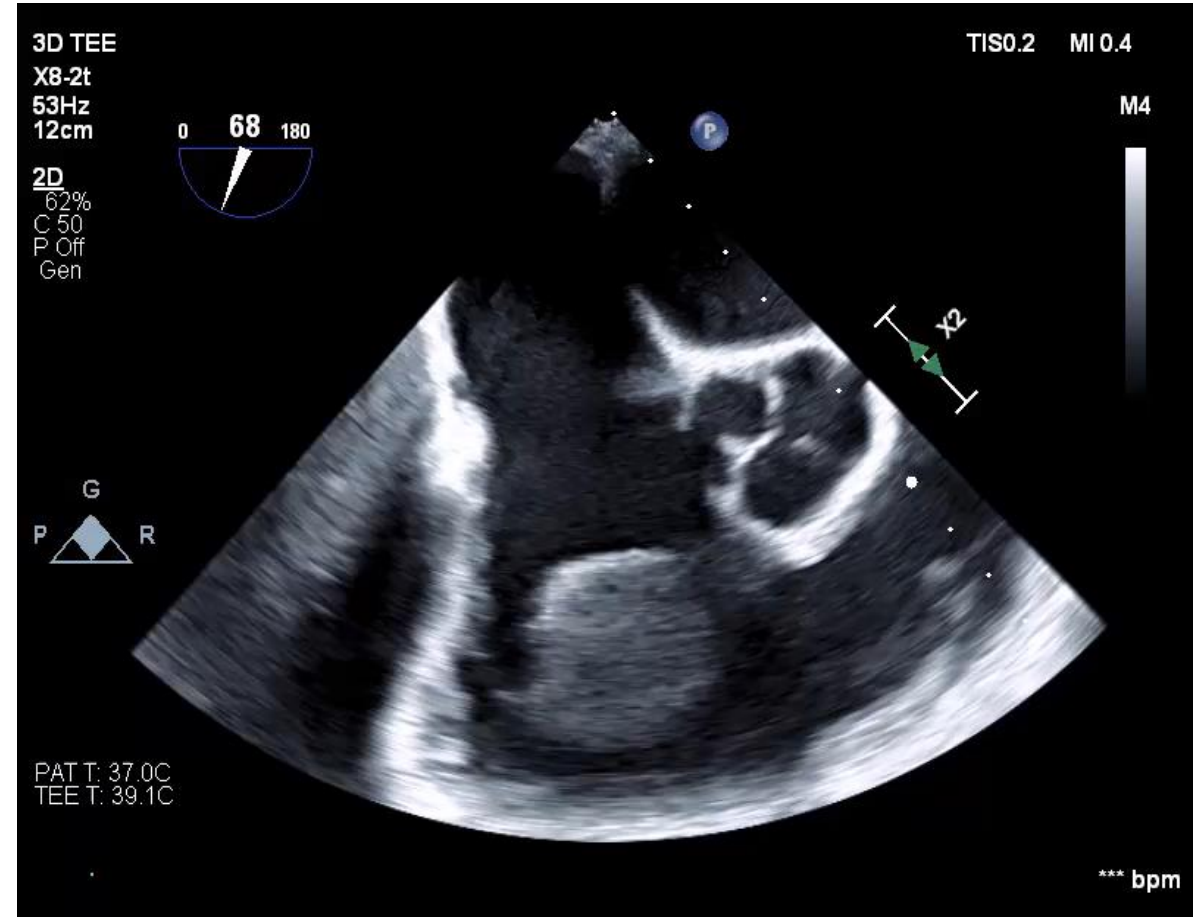
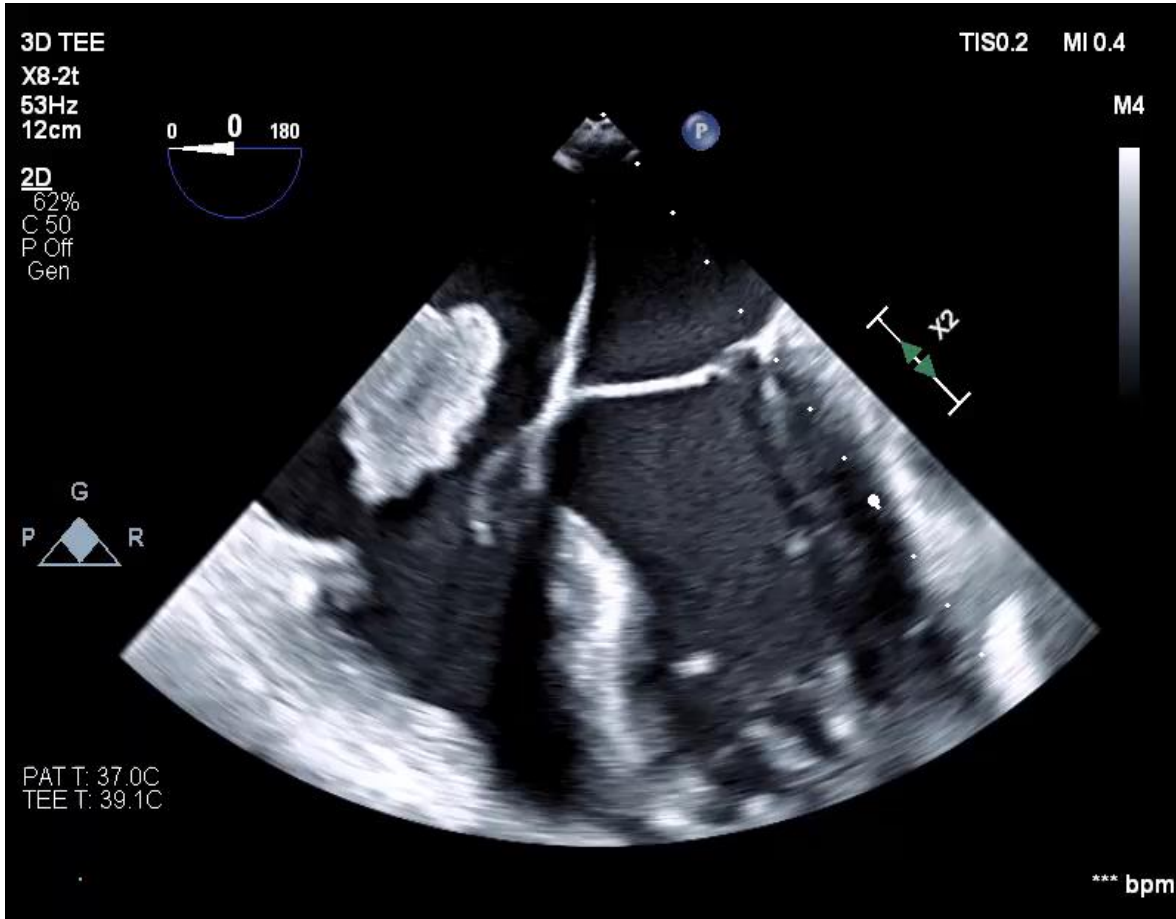
Avi Aronovich, MD

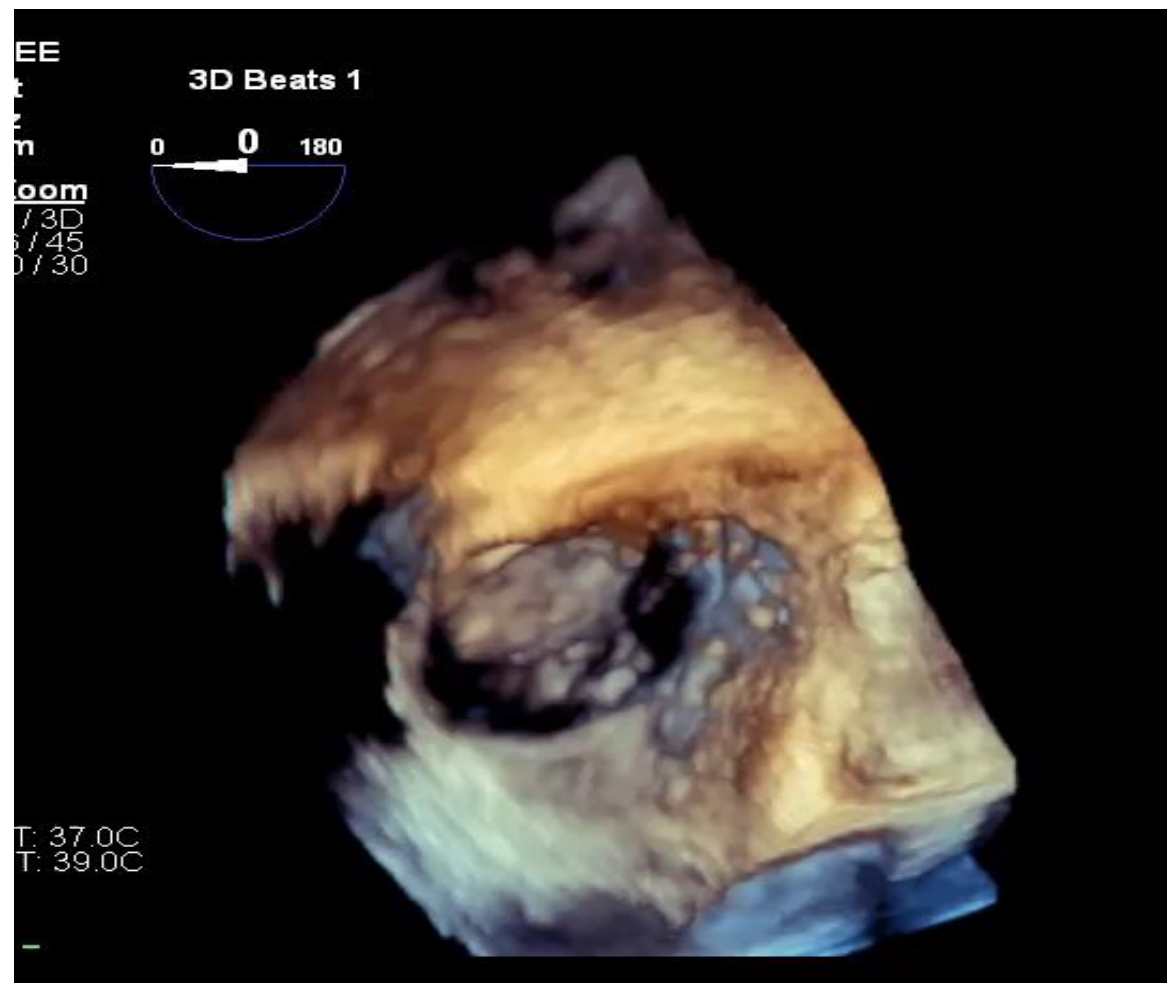
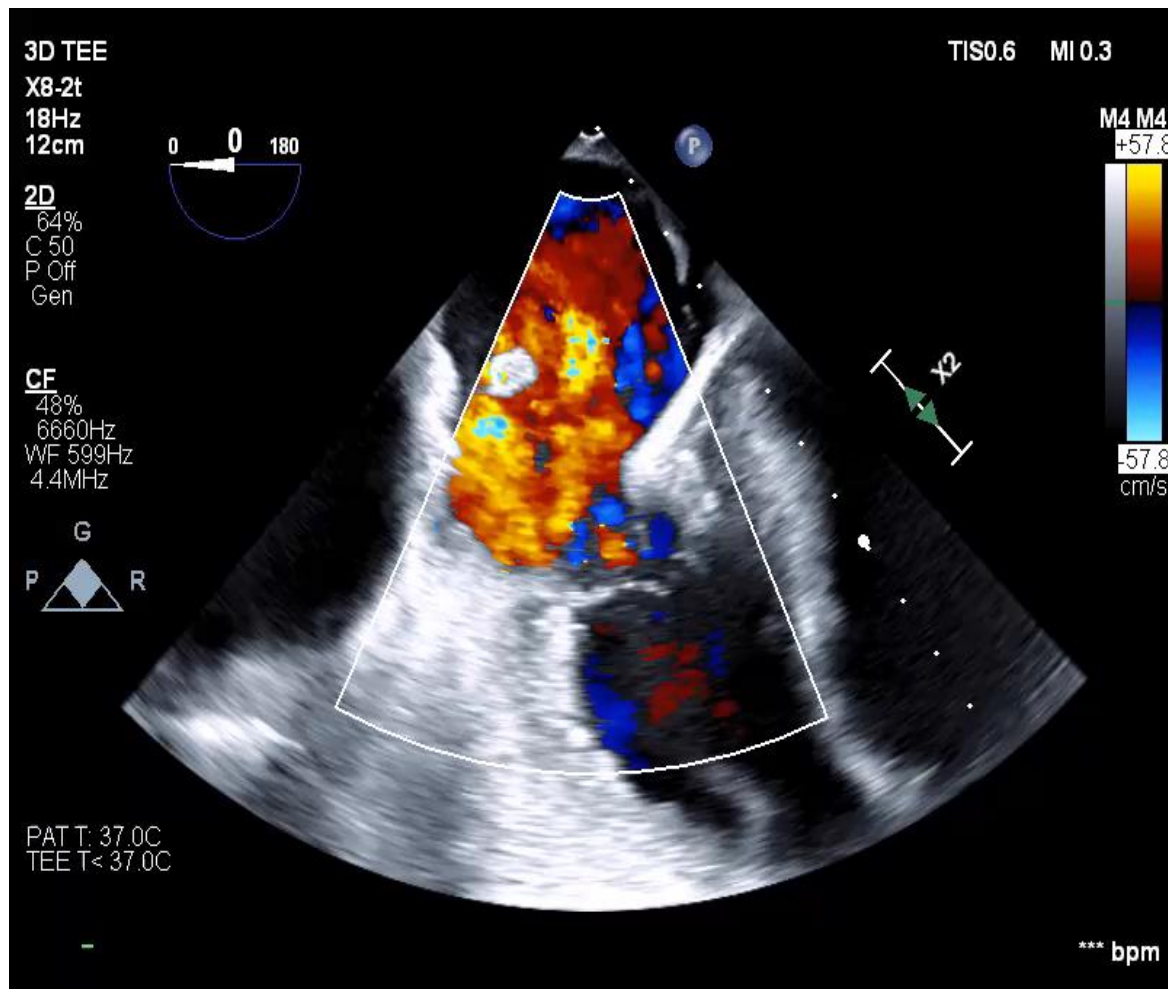
**Director of interventional Echocardiography
Heart Institute, E. Wolfson Medical Center, Holon**

Patient presentation

- A 43 -year-old male was admitted to our hospital with severe dyspnea ,hypoxemia,pulmonary congestion and low blood pressure
- **Past medical history:**
 - End stage renal disease-hemodialysis
 - DM, HTN
 - Peripheral vascular disease, s/P Lt BKA
- Upon arrival: fever, ***Pulmonary congestion-dialysis***
- ***Blood culture –positive for candidemia***
- **Trans- esophageal echocardiogram (TEE)**

Initial work up-TEE





Diagnosis and Management

- Fungal endocarditis (candida albicans)
- Heart team decision to urgent operation
- There was a huge mass originating from the anterior leaflet of the tricuspid valve, protruding into the right atrium. the mass was unseparable from the tricuspid anterior leaflet. additional findings were present on the subvalvular apparatus. therefore the valve could not be preserved and after extensive debulking it had to be replaced with 31 Epic bioprosthesis.

Follow-up

- The patient continue with anti fungal therapy for 2 month
- TTE demonstrated good prosthetic tricuspid valve function without regurgitation
- Discharged to rehabilitation