



## Distant Manifestations of *Staphylococcus aureus* Endocarditis

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A 76 year old patient with a history of gout, mitral valve insufficiency, diabetes mellitus and mild renal failure, presented with a low grade fever and polyarthritits of the left ankle [Figure 1], right wrist and left elbow. On the second day of hospitalization, *Staphylococcus aureus* was cultured from the blood, and the patient was started on intravenous antibiotic therapy with cloxacilin. A trans-thoracic echocardiogram showed a vegetation of 1.5 cm on the mitral valve. A confusional state was noted on the second day of hospitalization, and a computerized tomography of the brain was performed.

Multiple brain infarcts were evident [Figure 2, arrows]. On the third day of hospitalization, the patient was comatose and was intubated and mechanically ventilated. Later, multi-organ failure developed with anuria, acute chronic renal failure, respiratory insufficiency and septic shock. Splinter hemorrhage [Figure 3] and multiple Osler nodes and Janeway lesions [Figure 4] were found. The patient died on the fourth day of hospitalization.

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