Case Report

Seeds of doubt

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Abstract

Background: A patient returning from India presented with a two-month fever of unknown origin and elevated inflammatory markers, initially suspected of having infective endocarditis due to a mitral valve vegetation. This case underscores the diagnostic challenges of differentiating intracardiac masses in travelers, requiring careful evaluation of both imaging and clinical findings.

Key words: Infective endocarditis; Mitral valve vegetation

1. Case Presentation

A 31-year gentleman residing in UK for the past 5 years had recently visited India and then returned had developed fever for the past 2 months with no localizing symptoms. He was initially evaluated in the UK and then had come here for further management. He was suspected to have infective endocarditis, in view of? vegetation/mass attached to the mitral valve leaflet with mitral valve prolapse. He had elevated CRP and ESR.

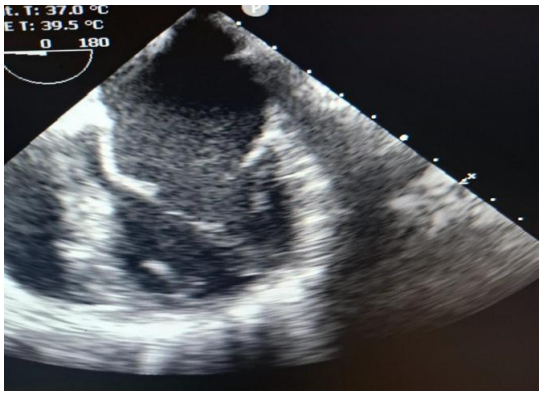

Fig (1): TEE done showed no evidence of vegetation and myxomatous mitral valve with redundant and thickened chordae tendinea

3 sets of blood culture were negative. He did not fulfill both major and minor Dukes' criteria for infective endocarditis, so, it was ruled out.

PET scan was done with cardiac preference which showed miliary mottling of the lung with multiple mediastinal and para-aortic, portocaval and retroperitoneal lymph nodes

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with few necrotic changes suggestive of tuberculosis. Additionally, mantoux test was positive.

As there is a high chance of tuberculosis due to endemicity, he was started on ATT. Now he is on follow up and has been explained the need for endoscopic ultrasound guided biopsy of nodes in future.

2. PET images

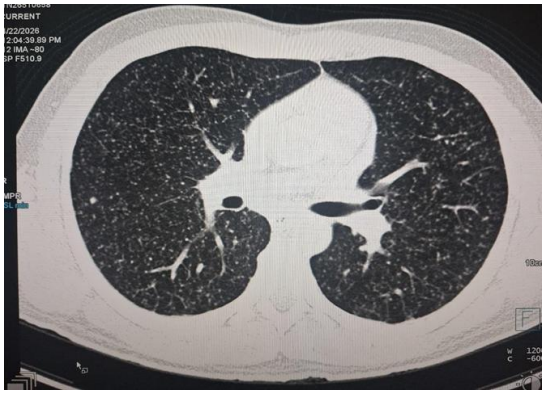

Fig (2): Innumerate sub centimetric nodules involving bilateral lungs ranging from 1 – 3mm suggestive of miliary mottling.

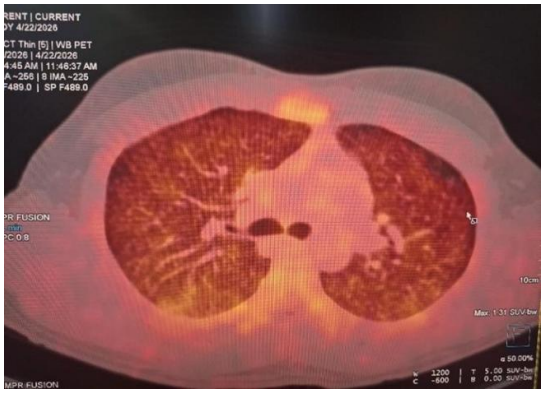

Fig (3): Diffuse FDG uptake in bilateral lung fields

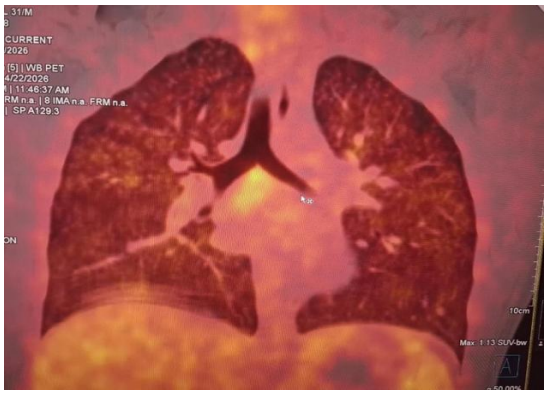

Fig (4): Enlarged FDG avid lymph node in the subcarinal region and paratracheal regions.

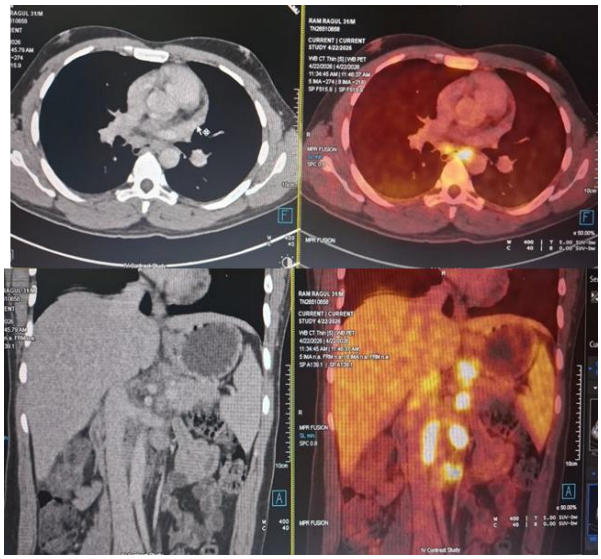

Fig (5): FDG avid lymph node in mid thoracic para esophageal region

Multiple FDG avid lymph nodes in the periportal, portacaval, para-aortic regions Hepatosplenomegaly with increased metabolic activity noted.