A Case of Enterococcus Infective Endocarditis Following Parasitic Gastroenteritis in a Previously Healthy 20-Year-Old Male

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Introduction: Infective endocarditis is a life-threatening condition stemming from various bacterial and viral origins, presenting most commonly in hospital settings. The most common bacterial pathogens contributing to the development of infective endocarditis include staphylococci and streptococci, with Enterococcus faecalis being the third most common cause (1). Enterococcus faecalis is a part of normal gastrointestinal and genitourinary flora but can sometimes extravasate into the bloodstream following damage to the gut mucosa due to trauma, malignancy, or infection (2). The resultant Enterococcus bacteremia predisposes patients to infective endocarditis (3). Enterococcus faecalis contributes to the development of about 5-10% of infective endocarditis cases, and presents predominantly in elderly males as a subacute illness (1).

Case Report: We present a rare case of a 20-year-old male patient with a history of parasitic gastroenteritis six months prior to presenting with symptoms of infective Enterococcus faecalis endocarditis involving the atrial surface of the anterior leaflet of the mitral valve. The gastroenteritis was preceded by a history of travel to Cancun and consumption of octopus, which was suspected to be the source of the gastrointestinal infection.

Conclusion: Enterococcus faecalis tends to lead to infective endocarditis and septicemia primarily in elderly males or patients with in-hospital procedures that can introduce the bacteria into the bloodstream (4). Our case illustrates an exception in which a previously healthy, young male experienced gut mucosal damage allowing Enterococcus faecalis to invade and spread hematogenously to his heart.

References

