 Infective endocarditis is a serious infection of the heart valves, often caused by bacteria. It can lead to heart failure and other complications if left untreated. The bacteria can attach to the valve leaflets, forming vegetations. These vegetations can then detach and travel through the bloodstream, causing further damage. The treatment typically involves antibiotics and, in some cases, surgery to remove the infected tissue or replace the damaged valve. Regular follow-up is required to monitor the patient's health and ensure the infection is under control.
Discussion

Lancefield group C streptococcal infections are usually seen in animals, particularly cattle, horses and poultry, and carrier states are known in these animals. Two of the four recognised species can cause disease in man, commonly minor illnesses such as pharyngitis, and may be isolated from throat swabs. Serious infections such as sepsicaemia and endocarditis are extremely rare. Mohr et al\(^2\) reported the results of 150,000 blood cultures in a nine-year period in which group C streptococci were isolated in only eight patients.

There are 11 previously reported cases of IE caused by Lancefield group C streptococci,\(^2\) five of whom died, four with destructive lesions affecting the heart valves. In two further patients urgent cardiac surgery was required, in the first because of heart failure and septal abscess formation and in the second because of aneurysm of a sinus of Valsalva with a fistula into the right ventricle. This organism thus appears to be highly destructive of cardiac tissue. In our patient, septal abscess formation and complete heart block confirmed again the invasive nature of this organism. In six cases there was no history of pre-existing heart
Infective endocarditis from group C streptococci causing stenosis

disease, a feature also seen in our patient. However, the most striking aspect of our case was the obstruction of the mitral and aortic valves by the profuse vegetations. This may be related to rapid growth of the vegetations despite adequate bactericidal concentrations of antibiotics.

Serial echocardiograms showed increasing vegetations related to the aortic and mitral valves. Echoes in the left ventricular outflow tract, confluent with the septum, confirmed our clinical impression of septal abscess formation causing the conduction disturbance. There are few reported cases of single valve stenosis caused by vegetations in IE. In the most recent case reported by Copeland et al, the diagnosis, made by echocardiography, led to urgent valve replacement. Stenosis of the two valves as illustrated by our case has not previously been described.

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References

Infective endocarditis from group C streptococci causing stenosis of both the aortic and mitral valves.

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