GROUP B STREPTOCOCCUS TRICUSPID VALVE ENDOCARDITIS AND BILATERAL SACROILIITIS IN A POSTPARTUM WOMAN

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A 23 year-old woman presented in the rheumatology service with a 2-month history of fever and bilateral lumbogluteal pain. The clinical manifestations appeared a week after a prolonged vaginal delivery at term of first child. The patient presented with impaired mobility requiring a walking frame, afebrile, tachycardic (120 bpm), with holosystolic mitral murmur and mild splenomegaly. She had persistent mild hypochromic normocytic anemia, moderate thrombocytopenia and an important inflammatory syndrome.

An MRI scan of the lumbar spine and sacroiliac joints performed a week before presentation showed bilateral sacroiliitis - figure A. The transthoracic echocardiography (TTE) described mildly dilated cardiac chambers, a moderate mitral regurgitation with posteriorly directed jet and a mild to moderate tricuspid regurgitation with a large mobile hyperechoic mass attached to the anterior tricuspid valve leaflet. In addition to the findings of the TTE, the transesophageal echocardiography (TEE) was able to identify a 17 mm mobile vegetation attached to the posterior tricuspid valve leaflet (figure B, C, D) and a 10 mm mobile vegetation attached to the septal tricuspid valve leaflet (figure C, D), excluding the involvement of other cardiac valves. After the blood cultures came out, the final diagnosis was postpartum group B streptococcus tricuspid valve endocarditis and bilateral sacroiliitis, both with progressive resolution under i.v. antibiotic therapy (ceftriaxone 1 g i.v. b.i.d. and linezolid 600 mg i.v. b.i.d.).

In this rare case of postpartum group B streptococcal tricuspid valve endocarditis^(1,2) the clinical presentation was indicative of a spondyloarthritis and an MRI scan revealed bilateral sacroiliitis. Though exceptionally affecting both sides, the remission of symptoms under antibiotic i.v. therapy may support the diagnosis of a probably associated postpartum infectious sacroiliitis^(3,4).

References

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Figure 1. A. MRI scan of the sacroiliac joints - oblique coronal T2 - weighted fat - saturated sequence: bilateral sacroiliitis with bone and muscular edema (arrows). B. Transesophageal echocardiography (TEE) - 2D mid-esophageal RV inflow-outflow view: large vegetation attached to the atrial side of the posterior tricuspid valve leaflet with a maximum diameter of 17,6 mm. C, D. TEE - 2D mid-esophageal RV inflow-outflow view and 3D reconstruction: large vegetation attached to the posterior tricuspid valve leaflet (horizontal arrow) and smaller vegetation attached to the septal tricuspid valve leaflet (vertical arrow)