DESCRIPTION
A 40-year-old lady was admitted with a week’s history of fever and dyspnoea. Transthoracic echocardiography revealed 0.5 × 0.5 cm vegetation on the posterior mitral leaflet with a severe eccentric mitral regurgitation (MR) hugging the left atrial aspect of anterior mitral leaflet and the interatrial septum (IAS) which was confirmed by a transoesophageal echocardiogram (figure 1A, arrows). Multiple vegetations were seen all along the anterior mitral leaflet (left atrial aspect) and into the IAS (figure 1B, arrows). Her laboratory investigations showed elevated total white blood cell (WBC) counts (21 000 cells/mm$^3$) and erythrocyte sedimentation rate (ESR) (121 mm/h). Blood culture grew *Streptococcus viridans* sensitive to ceftriaxone. Vegetations are known to occur at the site of endothelial denudation caused by a jet of blood. Multiple vegetations along the path of blood flow are common. Atrial septal endocarditis is uncommon but has been reported in patients in isolation and in association with endocarditis of other heart valves. Endocarditis of the atrial septum is also recognised following percutaneous closure of atrial septal defects. Patient received a prolonged course of parenteral antibiotic (ceftriaxone) for 6 weeks. Repeat transoesophageal echocardiogram at 6 weeks showed moderate eccentric MR with significant decrease in the size of vegetations on the IAS (figure 1C, arrows). Her total WBC counts and ESR had normalised (6400 cells/mm$^3$ and 22 mm/h respectively). Repeat blood cultures (3 samples) were sterile. During follow-up at 1 month after discharge, patient had persistent dyspnoea on exertion (NYHA class 3), moderate to severe...
eccentric MR and severe pulmonary artery hypertension. She was advised mitral valve replacement.

Competing interests None.

Patient consent Obtained.

REFERENCES