CASE PRESENTATION

- **Patient History:**
  - A 54-year-old male with a history of diabetes, hypertension, and coronary artery disease.
  - Past surgical history includes coronary artery bypass graft and appendectomy.

- **Medications:**
  - Aspirin 81 mg, Isosorbide Mononitrate 30 mg, Metoprolol Tartrate 100 mg, Nitroglycerin 0.4 mg, and Pravastatin 40 mg.

- **Diagnosis:**
  - Diagnosis of pulmonary valve endocarditis due to Mycobacterium abscessus.

- **Microbiology:**
  - Blood cultures on 3/26/2020 showed Streptococcus dysgalactiae.
  - Blood cultures on 3/31/2020 showed no growth.
  - Wound cultures on 3/31/2020 also showed no growth.
  - Respiratory cultures on 3/30/2020 showed Oral Flora.
  - Seroma culture on 4/28/2020 showed Mycobacterium abscessus.
  - Blood cultures on 4/25/2020 showed Mycobacterium abscessus.

- **Treatment:**
  - Initial treatment included vancomycin/zosyn and gentamicin.
  - Due to chronic renal failure, antibiotics were changed to doxycycline.
  - CT scan showed a pseudoaneurysm on 4/22/2020.

- **Outcomes:**
  - The patient was discharged home on post-op day # 7 with primary closure and subpectoral drains.
  - Patient continued on IV antibiotic regimen via PICC line until 5/09/2020.

- **Discussion:**
  - A retrospective study of 24 patients revealed mycobacterial pulmonary valve endocarditis in a patient with infective endocarditis.
  - Patients with risk factors for deep sternal wound infection after midline sternotomy include diabetes, obesity, chronic obstructive pulmonary disease, osteoporosis, tobacco use, and reoperation.

- **References:**
  - Multiple references on infective endocarditis and mycobacterial pulmonary valve endocarditis are cited.

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