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Endocarditis with permanent hemodialysis tunneled catheter: A severe and multidisciplinary situation

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Introduction: Tunneled catheter endocarditis is a frequent and severe situation among hemodialysis patients. The management should be fast and multidisciplinary.

Case report: We report the case of a 36-year old woman with a history of systemic erythematous lupus, discovered at the age of 20. She profited from a tunneled catheter because of exhaustion of her venous capital. One year later, the patient had an endocarditis of the tricuspid valve. An echocardiogram demonstrated mobile and friable 8 mm vegetation in the tricuspid valve. Blood cultures were positive for Pseudomonas and Klebsiella. The catheter was removed at the fifth day of the infection. The patient received antibiotic treatment which was changed on several occasions in front of multi-resistant strains. Ten days later, the blood culture showed Candida albicans. The echocardiogram demonstrated an increase of the size of the vegetation to 15 millimeters. A chest CT carried out in front of a respiratory distress showed pulmonary septic emboli. Tricuspid valve replacement was performed. Culture of native valve was positive for multi-resistant Candida famata. The patient developed a pulmonary embolism causing her death.

Discussion: Endocarditis with permanent catheter is a severe situation with high mortality and poor prognosis among hemodialysis patients. Immune suppression due to a renal failure and auto immune disease can support the development of multi-resistant strains difficult to treat.

Conclusion: Endocarditis on tunneled catheter is a serious infection. Nephrologists, cardiologists and infectiologists must collaborate in order to provide adequate therapy.

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Page 47