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## Endocarditis with permanent hemodialysis tunneled catheter: a sever and multidisciplinary situation

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**Introduction:** Tunneled catheter endocarditis is a frequent and sever 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 twenty. 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 multiresistant 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 multiresistant 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 multiresistant 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.

### Biography

Maaoui Dhouha was born on February 17, 1986 in Nabeul, Tunisia. She had her Bachelor Degree in 2005. She completed Medical studies at the faculty of medicine at Tunis. She received 3-year training in nephrology, optional 6-month training in cardiology and optional 6-month training in resuscitation (toxicology). Currently she is a nephrology resident (4th year). She submitted some of her publications that were presented at a number of national congresses.

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