

☆ Complex Clinical Cases

**UNCORRECTED TETRALOGY OF FALLOT IN AN ADULT PATIENT COMPLICATED BY INFECTIVE ENDOCARDITIS DUE TO HACEK GROUP BACTERIA**

Poster Contributions  
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**Background:** Tetralogy of Fallot (TF) must be surgically corrected early in childhood. Only 11% of patients with uncorrected TF reach 20 years old. They deal with chronic cyanosis and are more susceptible to infective endocarditis (IE). Bacteria of the HACEK group are considered typical microorganisms of IE, but they are responsible for less than 5% of the cases.

**Case:** 22-year-old female with uncorrected TF was admitted with fever and weight loss. Chest computed tomography showed excavated pulmonary nodules with an air-fluid level. Tuberculosis was ruled out, and blood culture identified *Aggregatibacter achrochilus* (HACEK). Although no vegetation was seen in the transesophageal echocardiogram, the diagnosis of IE was considered definite by the features in figure 1. Regarding the TF, the patient had a favorable anatomy, was oligosymptomatic and acyanotic (pink Fallot).

**Decision-making:** After six weeks of treatment with Ceftriaxone, she showed clinical and radiological improvement. Heart team decided to correct the TF, with infundibulectomy and ventriculoseptoplasty. As there was no vegetation during surgery, it was decided to preserve the pulmonary valve, and patient was discharged a few weeks later.

**Conclusion:** Patients with TF are at a higher risk of IE in following cases: uncorrected defect, residual lesions, cyanosis or prosthetic material present. In developing countries some patients still reach adulthood with uncorrected congenital heart disease.

