

Prosthetic Valve Endocarditis caused by *Corynebacterium Afermentans*

D'Ambrosio D^{1*}, D'Agostino M¹, Vatiro V¹, Damiano S¹, Concilio MD¹, Giovine S², Santillo V³ and Ievoli F¹

¹UOC Medicina Generale, P.O. Aversa ASL CE, Italy

²UOC Radiologia, P.O. Aversa ASL CE, Italy

³UOC Cardiologia, P.O. Aversa ASL CE, Italy

*Corresponding author: Daniele D'Ambrosio, UOC Medicina Generale, P.O. Aversa ASL CE, Italy, E-mail: dadager@libero.it

Background: Coryneform organisms are uncommon causes of infections and as commensals of the skin and mucous membranes are often dismissed as culture contaminants.

Case history: A 74-years old female with double prosthetic mitral and aortic valve replacement 3 months ago went to our observation for fever and transient right brachial hyposthenia. The laboratory test showed leukocytosis and CRP elevation. Total body CT reported chronic hypoxic leukoencephalopathy and an everted area (15 × 7mm) located near to the prosthetic plane and separated from the aortic wall by a thin septum. Echo TE revealed a suspected pseudoaneurysm with fistulous tract between native non-coronary sinus and left ventricular outflow tract. Blood cultures were positive for *Corynebacterium afermentans*. After cardiac surgeon consult she started conservative therapy (Ceftriaxone 2g+Gentamicin 80 mg × 2 iv) with reduction of the inflammation index and discharge in home care service and specialist follow-up.

Discussion: There are now over 100 published reports of endocarditis due to *Corynebacterium* species, mostly involving prosthetic or damaged native heart valves. The increasing number of cases of endocarditis due to coryneform organisms suggests that laboratories have become more capable of overcoming the difficulties associated with the isolation, identification, and susceptibility testing of the coryneforms.

