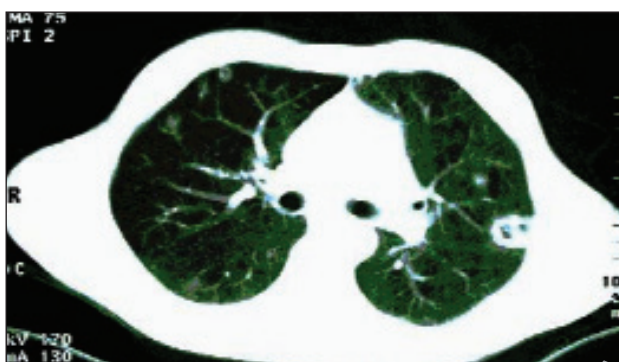


Infective endocarditis with secondary lesions in the pinna

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Figure 1. CT scan of the thorax revealing multiple cavitating lesions due to pulmonary septic embolism



Introduction

This case describes, for the first time, the appearance of possible cutaneous embolic lesions in the pinna of the ear secondary to infective endocarditis.

Br J Cardiol 2007;**14**:109

Case report

A 39-year-old intravenous heroin abuser was diagnosed with *Staphylococcus aureus* infective endocarditis complicated by severe tricuspid regurgitation. He was treated as an in-patient with antibiotics, but presented one month later with pleuritic chest pain and back pain. A computerised tomography (CT) scan of the thorax (figure 1) revealed multiple pulmonary nodules of variable size scattered in both lungs, some of which were cavitating. These represent multiple micro-abscesses, which are most likely a result of septic embolism.

Clinical examination revealed features of tricuspid regurgitation and embolic lesions in his nail beds (figure 2a). In addition,

Figure 2. a: Shows embolic lesions in the nail beds; b: shows possible cutaneous embolic lesions in the ear pinna



he was found to have similar lesions in the pinna of his ears (figure 2b). We believe that these lesions in the ear pinna are also cutaneous embolic lesions. Although nail bed lesions are well documented,¹⁻³ similar lesions in the pinna secondary to infective endocarditis have not previously been described.

Conflict of interest

None declared.

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