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LIFE-THREATENING KINGELLA KINGAE ENDOCARDITIS IN A 13-MONTH-OLD HEALTHY BOY

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Introduction: Kingella Kingae (Kk) is increasingly reported in childhood. It is a common etiology of osteoarticular infections in young children. However this germ can be responsible of more aggressive clinical picture.

Clinical case: We report the case of a 13-month-old boy admitted for fever, vomiting, photophobia and deterioration of the general state. The diagnosis of aseptic meningitis was done, based on laboratory findings and lumbar puncture. A treatment with cefotaxime and aciclovir was initiated with improvement of the patient’s general condition and resolution of the fever over 24hrs. However, on day 2, blood culture grew for Kk. An echocardiogram showed the presence of a wide vegetation (10x9 mm) on the posterior mitral valve leaflet with moderate regurgitation. A cerebral scan showed a right-frontal hypodense lesion. The diagnosis of bacterial endocarditis with frontal septic embolization and reactive meningitis was made.

A mitral plasty was complicated by an embolization in the LAD coronary artery with myocardial ischemia. The patient needed ECMO during 4 days. Eventually, the cardiac function improved dramatically and the final evolution was excellent with IV ampicilline continued for 6 weeks.

Conclusion: Kingella Kingae is included in the HACEK group that causes 5% of the endocarditis, even on healthy heart. Some authors recommend an echocardiogram in case of bacteremia.

Our case demonstrates that endocarditis can be associated with infected material embolizations, including in the cerebral and coronary territories. Amazingly, this case also shows the impressive recovery potential of children after an acute ischemic event in a peripheral circulation.