IMAGING IN INTENSIVE CARE MEDICINE

Diagnosing catheter associated blood-stream infection by transesophageal echocardiogram

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A 65-year-old man with known mitral valve prolapse and myeloproliferative disease was admitted for streptococcal mitis infective endocarditis complicated by pulmonary edema, severe mitral regurgitation and embolic phenomenon. Mechanical mitral valve replacement was performed. He had a prolonged stay in the Intensive Care Unit and had a permanent dialysing catheter inserted. He then developed *Candida parapsilosis* fungaemia 10 days after the valvular surgery. With a remote suspicion of catheter-related sepsis, a transesophageal echocardiogram was done to initially rule out prosthetic valve infective endocarditis—which was of the higher priority given the context. Instead, it showed vegetation over the tip of the permanent

dialysing catheter located in the right atrium. The catheter was removed and subsequent culture of its tip confirmed catheter-related blood stream fungal infection (Fig. 1).

Electronic supplementary material

The online version of this article (doi: [10.1007/s00134-017-4971-1](https://doi.org/10.1007/s00134-017-4971-1)) contains supplementary material, which is available to authorized users.

Compliance with ethical standards

Conflicts of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Received: 19 September 2017 Accepted: 16 October 2017
Published online: 28 October 2017

Fig. 1 Transesophageal echocardiogram showing vegetation over the catheter tip in the short axis in the right atrium

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