

PD-093 - (21SPP-11644) - HYPOPYON: AN IMPORTANT CLUE FOR SEPTIC EMBOLISM

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Introdução / Descrição do Caso

Introduction: Endogenous bacterial endophthalmitis (EBE) is a rare process resulting from septic embolization to the eye that tends to occur in patients with comorbidities. Manifestations include conjunctivitis, uveitis, and hypopyon.

Case Report: A 14-yr-old girl with Marfan Syndrome and mitral valve prolapse, started vomits and fever 5 days prior to admission. After 3 days, she developed vision changes and anorexia. On admission she was hypotensive, tachycardic, drowsy, and presented a palmar-plantar purpuric petechial exanthema and hepatomegaly. Investigation revealed mild anemia, thrombocytopenia, elevated CRP and d-dimers, and kidney injury. Transthoracic echocardiography (TTE) showed no vegetations. Antibiotics and amines were started, but a modest improve was seen. Two days after admission, a milky white fluid level in the inferior part of the anterior chamber (hypopyon; Fig.1) was noticed. EBE and a septic embolism were considered. Abdominal ultrasound revealed spleen and liver emboli. X-ray revealed right pleural effusion. Brain MRI revealed multiple ischemic lesions. TTEs were done daily, and on day 3 a vegetation on mitral valve was finally seen, confirming infectious endocarditis. After MSSA isolation on blood cultures antibiotic was adjusted, and the girl was transferred to a Pediatric Cardiac Care Center.

Comentários / Conclusões

Conclusion: Infective endocarditis in a patient with mitral valve pathology is an important cause of septic embolism. TTE can miss valvular vegetation at an early stage. Repeated TTE and high index of suspicion concerning septic embolization are essential for the diagnosis. EBE is a rare sign of septic embolism in pediatrics and can support its suspicion.

Palavras-chave : hypopyon, endocarditis, septic embolism