Infective endocarditis due to Granulicatella adiacens in a child with congenital heart disease. Case Report

Carito Yeniffer Nery-Zavaleta, Viviana Nario-Lazo, Susan Verónica Genaro-Saldaña

ABSTRACT

INTRODUCTION: Infective endocarditis (IE) due to Granulicatella adiacens is a rare disease in children, but with significant morbidity and mortality. Children with congenital heart disease (CHD) are at increased risk of developing IE, and Granulicatella species endocarditis can be difficult to treat.

PRESENT THE CASE: Seven-year-old male patient with a history of pulmonary atresia, patent ductus arteriosus (PDA), uncorrected ventricular septal defect (VSD) and multiple aortopulmonary collaterals (MAPCAS), who presented signs and symptoms of IE, with vegetations on echocardiogram and a positive blood culture for Granulicatella adiacens. He received ceftriaxone plus vancomycin for six weeks and gentamicin for the first two weeks. The patient developed immune-mediated glomerulonephritis and acute renal failure. A clinical and laboratory improvement was achieved; and no vegetation was found at discharge.

CONCLUSIONS: IE due to Granulicatella is an entity that should be considered in the pediatric population with CHD, especially of the cyanotic type. Treatment with β-lactams plus aminoglycosides is usually first-line empirical therapy. Vancomycin may also be an alternative drug option in resistant strains. We suggest an approximate follow-up of kidney involvement that can develop as a complication of IE itself, as well as due to drug nephrotoxicity.

KEYWORDS: Infective endocarditis, Granulicatella adiacens, congenital heart disease, immune-mediated glomerulonephritis, acute kidney failure