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IMAGES IN NEONATAL MEDICINE.....

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Incidental finding of endocarditis in a preterm neonate

Intracardiac vegetations in neonates are relatively rare and are usually diagnosed on discovery of related symptoms such as persistent thrombocytopenia, a new onset murmur or persistent sepsis.^{1,2} We present the case of a female twin 25+2 week preterm neonate with a birth weight of 840 g, and bilateral grade IV intraventricular haemorrhages. An intracardiac vegetation was diagnosed incidentally on day 17 of life after routine monitoring of a patent ductus arteriosus unresponsive to medical treatment. Echocardiography revealed a vegetative mass extending to both atria with its centre attached to the atrial septum at the level of the foramen ovale. This vegetation carries a high risk of embolisation to the brain because of its unique position. On the previous day a peripherally inserted central catheter was placed and noted to touch the interatrial septum. Blood cultures grew *Staphylococcus warneri* which was sensitive to vancomycin and she began a 6-week course, with good response.

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Figure 1 Subcostal 4-chamber view: atrial vegetations denoted by arrows extending to both atria. RA: right atrium; LA: left atrium; RV: right ventricle; LV: left ventricle; IAS: interatrial septum.