**BRUCELLA ABORTUS ENDOCARDITIS PRESENTING WITH ACUTE PANCREATITIS: CASE REPORT**

AKUT PANKREATİT İLE BİR İLİKTE SEYREDEN BRUCELLA ABORTUS ENDOKARDİTİ: BİR OLGU SUNUMU

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**Anahtar Sözcükler:** Bruselloz, Brucella abortus, endokardit, pankreatit, komplikasyon, tanı

**SUMMARY**

Endocarditis and pancreatitis are rare complications of brucellosis. In this paper, a 52-year-old male case of *Brucella abortus* endocarditis presenting with acute pancreatitis is presented. The diagnosis was made by clinical features, positive blood cultures, positive serology, vegetation on the aortic valve, high serum amylase and lipase level. Specific antimicrobial treatment for brucellosis was started and a surgical operation was planned; but the patient developed severe cardiac failure and died on the fifteenth day of his admission.

**ÖZET**


**INTRODUCTION**

Endocarditis is a rare, but fatal complication of brucellosis (1). Acute pancreatitis is also an uncommon complication, and only one case has been reported in the literature (2). In this report, a case of *Brucella abortus* endocarditis associated with acute pancreatitis is presented.

**CASE**

A 52-year-old man was admitted to the hospital in February 2000 with ten-day history of cough, vomiting and epigastric pain. He had vomited after each meal and after vomiting he had relieved. He was living in a village and had no history of alcoholism.

On admission, his physical examination revealed an aortic systolic murmur (grade 2/6), rales at the lower lobes of the lungs and moderate epigastric tenderness. His blood pressure was 120/70 mmHg and pulse rate 111/min, regular. He had a body temperature of 38.5°C. Electrocardiography showed ST depression at V4-V6 and negative T waves. Cardiomegaly was detected on his chest x-ray.

The diagnosis on admission was coronary arterial disease and non-Q MI. Specific treatment was started and blood cultures were drawn.

His total white cell count was 9,600/mm³ with a differential count of 84% neutrophils, 10% lymphocytes...
isolated species (3). The vegetation is mostly calcific and bulky.

Brucellosis remains a major infectious disease problem in Turkey. Several cases of Brucella endocarditis were reported previously (4-7). In this paper, a case of B. abortus endocarditis presenting with acute pancreatitis is reported. The diagnosis of endocarditis was made by positive blood cultures, positive serology and presence of calcific vegetation on the aortic valve.

There are many causes of acute pancreatitis. Alcohol ingestion, biliary tract disease, surgical operation, trauma, drugs, hypertriglyceridemia, hypercalcemia, viral, bacterial or parasitic infections may cause acute pancreatitis (8). Only one case of acute pancreatitis associated with brucellosis has been reported in the literature (2). In that case, the diagnosis was made by positive serology, positive blood cultures, high level of serum amylase and clinical symptoms (2). In the presented case, the clinical findings of acute pancreatitis, such as vomiting and epigastric pain, were detected. The high level of serum amylase and pancreatic amylase supported the diagnosis. Later, serum lipase level also increased. The other causes of acute pancreatitis, such as alcoholism, biliary tract disease, mumps, drugs, metabolic causes and trauma were excluded.

The recommended treatment regimen of Brucella endocarditis is combination of medical and surgical therapy (1, 4, 9-14). The presented patient was given rifampicin and doxycycline. Several antimicrobial agents have been used for Brucella endocarditis. Current recommendations are for combinations of at least two drugs (11). The combination of doxycycline and rifampicin is generally accepted as the standard treatment of brucellosis (1).

Major indication of surgery is haemodynamic compromise, and most common cause of death in Brucella endocarditis is congestive heart failure (3). Surgical operation was planned for this patient, but he developed severe cardiac failure and died.

REFERENCES


