A picture gallery showing concomitant native mitral and tricuspid valve endocarditis in a 41 year old female from east india who presented with history of one month off and fever and sudden onset involuntary movements of right half of body with ataxia. Magnetic resonance imaging (MRI) brain revealed shower of embolism to right cerebellum. Patient was taking antipyretics as and when required with no oral or intravenous antibiotic use prior to presentation.

Transthoracic echocardiography (TTE), transesophageal echocardiography (TEE) including 3 D TEE showed large vegetations in relation to native mitral and tricuspid valve (Figures 1, 2, 3) along with severe mitral and tricuspid regurgitation. There were no history or features suggestive of rheumatic or myxomatous pathology. Patient denied any history of intravenous drug abuse. Three set of independent blood cultures showed no growth.

Culture negative endocarditis is seen in two to seven percent of patients with infective endocarditis even when proper number and volume of blood cultures are taken with no prior antibiotic use. Acute
native valve endocarditis (NVE) involves normal valves and has an aggressive course. The progress of the disease is fulminant in both healthy and immunocompromised patients. Virulent organisms like S. aureus and group B streptococci are typically the causative organisms. Blood culture negative endocarditis epidemiology varies by country and host. An exposure to infection with highly fastidious bacteria (zoonotic) or fungi depends upon whether the organism is endemic to the area and how likely is the person to get infected by the organism.1,2

References