



Fig 2 Cross sectional echocardiogram of the patient in the long axis left parasternal view. Vegetation (arrow) was attached to the right coronary cusp. Ao, aorta; LA, left atrium; al, anterior mitral valve leaflet; LV, left ventricle.

further rises in her C reactive protein. Diuretics did not control her cardiac failure and she required emergency aortic valve replacement. Her aortic valve was found to be covered with large vegetations resulting in a mixture of stenosis and incompetence. Cultures of the vegetations were sterile. Her post-operative progress was satisfactory and she remains well six months later despite a further admission with a relapse of Crohn's disease when steroid treatment was inadvertently stopped. Her bowel symptoms resolved when treatment with prednisolone was restarted and there was no evidence of recurrence of infection.

Discussion

Immunosuppression increases the risk of infective endocarditis.¹⁻³ Infection, particularly when the causal organisms include *Streptococcus faecalis* and *Streptococcus bovis*, may also complicate gastroenterological disorders.⁴ So far these have been reported in patients with liver disease, gall bladder disease, diverticulitis, and colorectal carcinoma,^{1,2} but not in patients with Crohn's disease.

It is likely that the exacerbation of Crohn's disease in this case led to a constant bacteraemia which resulted in infection of the aortic valve, possibly as a direct sequel of suppression of the patient's native immune response by prednisolone and azathioprine. None the less, the risk of infective endocarditis in such circumstances must be small because immunosuppressive treatment is regularly used to treat chronic inflammatory bowel disease.

I thank Dr J Morrow, consultant gastroenterologist, for permission to report this case.

References

- 1 Bayliss R, Clarke C, Oakley CM, Somerville W, Whitfield AGW, Young SEJ. The bowel, the genitourinary tract, and infective endocarditis. *Br Heart J* 1984;51:339-45.
- 2 Bayliss R, Clarke C, Oakley CM, Somerville W, Whitfield AGW, Young SEJ. The microbiology and pathogenesis of infective endocarditis. *Br Heart J* 1983;50:513-9.
- 3 Skehan JD, Murray M, Mills PG. Infective endocarditis: incidence and mortality in the North East Thames Region. *Br Heart J* 1988;59:62-8.
- 4 Oakley CM. Infective endocarditis. *Br J Hosp Med* 1980;24:232-43.

Notices

British Cardiac Society

The Annual General Meeting will take place in Torquay on 22 to 25 May 1990.

Comparative electrocardiology

A workshop on Comparative Electrocardiology will be held in Amsterdam on 12 and 13 October 1989. Inquiries to Dr Frits L Meijler, Interuniversity Cardiology Institute of The Netherlands, PO Box 19258, 3501 DG Utrecht, The Netherlands.