

# **Pulmonary Endarteritis and subsequent pulmonary embolization as a complication of undetected large Patent Ductus Arteriosus**

## **Abstract**

### **Introduction**

Majority of patent ductus arteriosus are diagnosed during routine examination in childhood although some are undetected until the adulthood that presents with complications related to it such as Eisenmenger syndrome or endarteritis. Here I present a case of pulmonary endarteritis due to previously undiagnosed patent ductus arteriosus presenting with pyrexia and multiple pulmonary septic emboli.

### **Case presentation**

A 23-year-old man presented with low-grade pyrexia and breathlessness associated with constitutional symptoms. He developed jaundice and tea colour urine later part of the illness. The physical examination detected bilateral fine crepitations, hepatosplenomegaly and a continuous murmur. The plain radiography of the chest noted bilateral patchy lung consolidations. The 2-D echocardiogram detected a vegetation in the pulmonary artery with patent ductus arteriosus. Further investigation with magnetic resonance imaging confirmed large Patent ductus arteriosus and vegetation. The medical therapy with antimicrobial therapy was failed and therefore he underwent vegetectomy and surgical closure of patent ductus arteriosus. His fever settled following surgery and inflammatory marker improved. He was discharged after completion of antibiotics with the plan for device closure of residual defect.

### **Conclusion**

Untreated patent ductus arteriosus are associated with complications in adults as well as childhood. Infective endarteritis is a well-known rare complication of patent ductus arteriosus and it is further rare with larger defect. We should have detected this defect during early childhood and intervened with percutaneous device closure to prevent the current complication of endarteritis.

Keywords: Pulmonary endarteritis, infective endocarditis, patent ductus arteriosus