

Abstract

Infective endocarditis (IE) complicated by septic emboli presents a clinical challenge, given the diverse range of its manifestations. Cerebral complications can arise in 55% of IE patients, and acute neurological deficits resulting from septic emboli may constitute the initial symptom in 20% of cases. Here, we describe the case of a 52-year-old patient who underwent investigation for fever and constitutional symptoms over two weeks. During the initial presentation at our facility, the patient experienced a sudden onset of right-sided hemiplegia, later determined to be a septic embolic stroke due to severe mitral valve endocarditis. Subsequently, the patient developed multiple intracranial hemorrhages as a consequence of thrombolysis. However, with appropriate supportive care and antibiotic treatment, the patient made a remarkable recovery and underwent successful mitral valve replacement.