

## **Abstract**

### **Background**

Right-sided infective endocarditis can manifest as a pyrexia of unknown origin with septic pulmonary embolism and microscopic haematuria mimicking a pulmonary-renal syndrome. In a patient with postpartum fever infective endocarditis should be considered as a differential diagnosis if focus of infection is not obvious. Here we discuss a patient who presented with postpartum fever and diagnosed as right-sided infective endocarditis with septic pulmonary embolism and glomerulonephritis.

### **Case presentation**

21 year old previously healthy patient presented with fever of 4 weeks duration, one month after the delivery of her first baby. She was also having chronic cough, arthralgia, pallor and ankle oedema. Diagnostic workup showed multiple pulmonary infiltrates in chest imaging, severe anemia, features of biventricular cardiac failure and active sediment glomerulonephritis. The diagnosis of right sided infective endocarditis was made by trans-oesophageal echocardiogram. One blood culture became positive for the *staphylococcus aureus*. She had a remarkable improvement with a six week course of intra-venous cloxacillin treatment.

### **Conclusions**

Right sided infective endocarditis should be an essential differential diagnosis in a patient with prolonged fever with pulmonary infiltrations. This case report illustrates a case of a right sided infective endocarditis complicated with septic pulmonary embolism and glomerulonephritis which presented as a postpartum fever.