

## Abstract

*Mycoplasma pneumoniae* is a well-known atypical organism to cause multi systemic infections. It is associated with cardiac, pulmonary, nervous system, haematological, gastro intestinal and dermatological complications. It is a very rare organism to cause infective endocarditis (IE), while pulmonary valve infective endocarditis is even rarely reported in the medical literature.

The objective of this case report is to highlight the possibility of *Mycoplasma pneumoniae* as a causative organism of culture negative infective endocarditis and reporting a rare case of pulmonary valve endocarditis in a Sri Lankan.

We report a case of culture negative pulmonary valve endocarditis and bilateral cavitary pneumonia with *Mycoplasma pneumoniae* infection in a 35-year-old healthy female in post-partum period presenting with progressive dyspnoea and generalized oedema. She had undergone emergency lower segment caesarean section (LSCS) at 36 weeks of gestation due to foetal distress and the baby had passed away as a result of advanced tracheo-oesophageal fistula at day 10. Initially the patient was managed as lower respiratory tract infection, but found to have a possible pulmonary stenosis murmur despite a normal transthoracic echocardiogram (TTE) on admission. Multiple vegetations attached to pulmonary valve were detected in the second TTE and the contrast enhanced computed tomography (CECT) revealed multiple septic emboli in both lungs with abscess formation. She had a very high titre of *Mycoplasma* antibodies and all the other investigations were negative for other possible causative organisms. She had an uncomplicated recovery with antibiotic treatment. The definitive diagnosis of pulmonary valve IE by *Mycoplasma pneumoniae* was not possible as tissue sampling was not performed. *Mycoplasma* is not a known pathogen to cause multiple lung cavities. Therefore, this can be considered as a case of *Mycoplasma* infective endocarditis of the pulmonary valve with septic pulmonary embolization.