

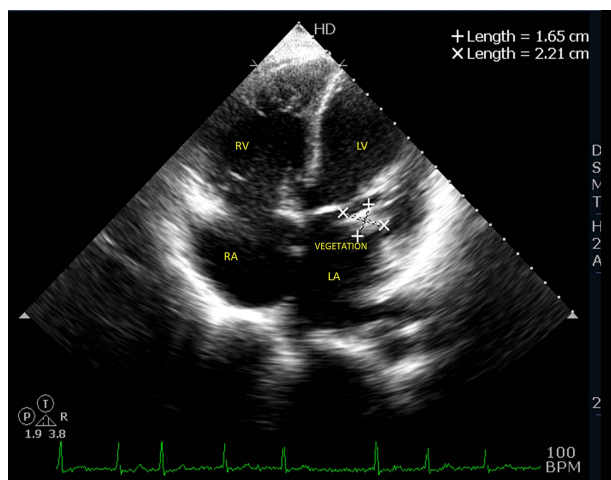
# Large vegetation in a case of bacterial endocarditis by a rare commensal organism: *Kocuria rosea*

Large vegetations are usually seen in cases of fungal endocarditis and most cases of bacterial endocarditis are associated with a single or multiple small vegetations, most of which are usually too small to be visible on a transthoracic echocardiogram.

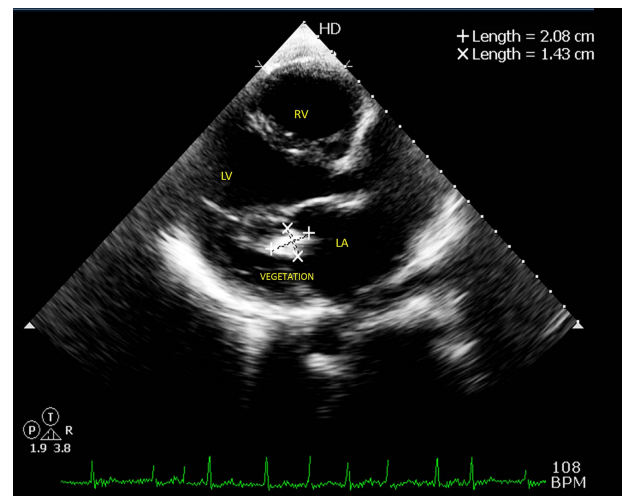
We present a case of a middle-aged man with a prior history of moderate rheumatic mitral regurgitation who had a history of having received complete treatment for bacterial endocarditis. The patient presented for valve replacement surgery for severe symptomatic mitral regurgitation which had been worsened by the endocarditis. The patient had a giant vegetation attached to the mitral valve which was  $2.2 \times 1.6$  cm (see figures 1 and 2 and online supplementary videos 1–4).

The endocarditis was caused by a rare organism, *Kocuria rosea*, which is a Gram-positive coagulase-negative coccoid actinobacteria belonging to the family Micrococcaceae. The organism is typically a commensal and is often isolated from soil and water. It has occasionally been implicated in urinary tract infections and may cause systemic infection in immunocompromised patients.<sup>1</sup> Cases of endocarditis caused by *Kocuria rosea* have rarely been reported,<sup>2</sup> and there are no reports of the presence of giant vegetation caused by this organism. There have been rare reports of patients having giant vegetations with bacterial endocarditis caused by *Streptococcus* and *Staphylococcus*.<sup>3,4</sup>

The patient underwent successful mitral valve replacement and has been stable during follow-up. This case illustrates the fact that the mere presence of a giant vegetation, although sug-



**Figure 1** Apical four chambered view showing a large and partially calcified vegetation attached to the mitral valve.



**Figure 2** Parasternal long axis view showing a large calcified vegetation.

gestive, is not definitive for fungal endocarditis and may even may be seen in the case of organisms conventionally considered atypical for endocarditis.

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