

A silent assassin: marantic endocarditis

An asymptomatic 36-year-old man with hypertension was referred for transthoracic echocardiography to evaluate cardiac structure and function and to assess left ventricular mass. A structure on the atrial surface of the posterior mitral valve leaflet was further evaluated by transoesophageal echocardiography (*Figures 1 and 2*).

In view of the diagnostic dilemma (tissue is the issue), the patient underwent surgical excision and repair of the mitral valve using a bovine pericardial patch. Histological features

were typical of non-bacterial thrombotic endocarditis consisting of fibrin deposits, inflammatory cells and erythrocytes, with no evidence of infection or neoplasm (Asopa et al, 2007).

Non-bacterial thrombotic endocarditis, or marantic endocarditis, is characterized by sterile vegetations on the endocardium and cardiac valves. It is associated with mucin-secreting adenocarcinomas and other hypercoagulable states often inherent in autoimmune disease and carries a high incidence of embolic events (Gross et al, 1936). In this patient cardiolipin IgG and

IgM antibodies and lupus anticoagulant were strongly positive, giving the diagnosis of antiphospholipid syndrome, which had remained clinically silent. The patient was judiciously anticoagulated. **BJHM**

Asopa S, Patel A, Khan OA, Sharma R, Ohri SK. Non-bacterial thrombotic endocarditis. *Eur J Cardiothorac Surg.* 2007 Nov;32(5):696–701. <https://doi.org/10.1016/j.ejcts.2007.07.029>
Gross L, Friedberg CK. Nonbacterial thrombotic endocarditis. Classification and general description. *Arch Intern Med.* 1936 Oct 01;58(4):620–640. <https://doi.org/10.1001/archinte.1936.00170140045004>

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Figure 1. Transoesophageal echo. There is a large, nodular echodensity on the atrial aspect of the posterior mitral valve leaflet.

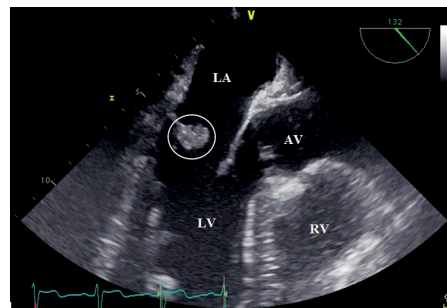


Figure 2. Transoesophageal echo video. There is a large, nodular echodensity on the atrial aspect of the posterior mitral valve leaflet.