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# Beyond the 'solitary cyst': infective endocarditis masquerading as a hepatic hydatid cyst

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A 23-year-old man presented with a 2-week history of fevers, myalgia and weight loss. He had no comorbidities or significant travel history. Examination identified jaundice and hepatomegaly, while blood tests demonstrated deranged liver function tests and inflammatory markers.

Abdominal computed tomography revealed a multiloculated collection, initially suspected to be a hepatic hydatid cyst (Figure 1). However, it was subsequently noted that he had mild expressive dysphasia. This prompted cerebral imaging, which identified pyogenic abscesses (Figure 2). A revised diagnosis of abscesses secondary to haematogenous spread was made, with an echocardiogram later confirming aortic valve endocarditis as the primary infective source. *Streptococcus intermedius* was isolated in one of six blood cultures taken.

Infective endocarditis can manifest non-specifically and in low-risk individuals, so a high level of clinical suspicion is vital. *S. intermedius* is associated with suppurative infections but, as this case demonstrates, identification can be problematic in standard laboratories (Tran et al, 2008; Issa et al, 2020).

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## References

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Tran MP, Caldwell-McMillan M, Khalife W, Young VB. *Streptococcus intermedius* causing infective endocarditis and abscesses: a report of three cases and review of the literature. BMC Infect Dis. 2008;8(1):154. https://doi.org/10.1186/1471-2334-8-154

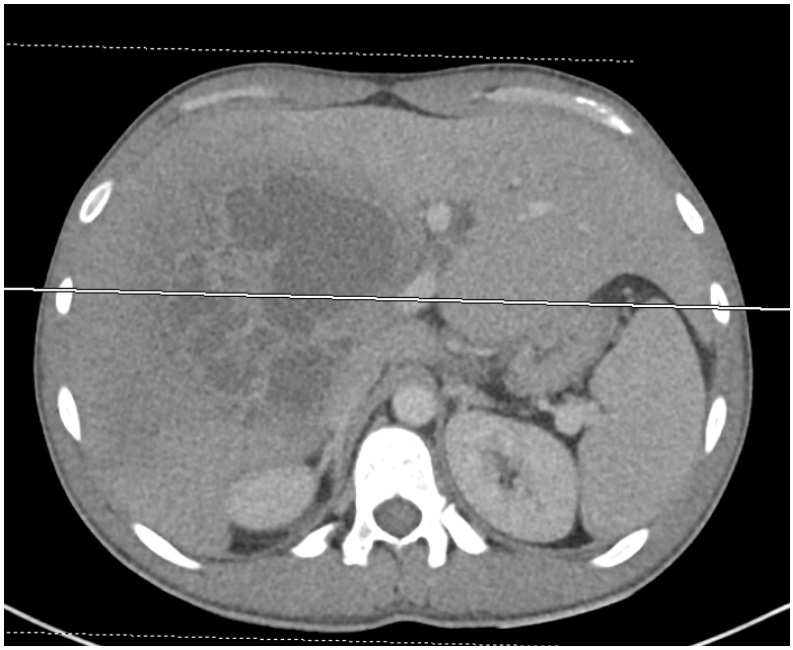

**Figure 1.** Computed tomography of the abdomen and pelvis. This demonstrates a large multiloculated fluid collection in the liver with peripheral wall thickening and parenchymal oedema.

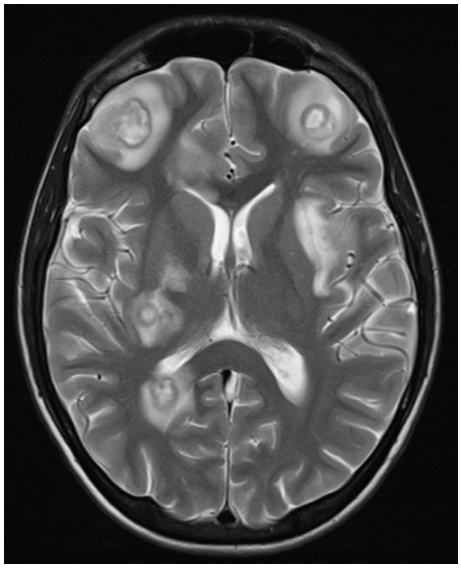

**Figure 2.** Magnetic resonance imaging of the brain demonstrating multiple ring-enhancing lesions with significant vasogenic oedema, consistent with pyogenic abscesses, predominantly distributed throughout the supratentorium.