

An unexpected cause of sepsis in a patient with dental decay

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Case report

A 42-year old man attended our emergency department with sudden onset of nausea, fever and cold sweats. In the days prior to presentation, he had developed a radiating pain in the thoracic spine. Furthermore, he had been suffering from dyspnoea on exertion for several weeks. He was a smoker, but had no significant past medical history. On examination he was tachypnoeic, with a heart rate of 133 bpm and blood pressure 98/63 mmHg. His temperature was 40.0 °C. Auscultation of the heart sounds revealed an apical pansystolic murmur and at inspection of the mouth, severe dental decay was found. Fluid resuscitation was

quickly initiated and intravenous broad spectrum antibiotics were administered after blood cultures were obtained. Laboratory results showed CRP 231 mg/L, white blood cell count $18.6 \times 10^9/L$ and serum lactate 2.3 mmol/L. Troponin I was $<0.03 \mu g/L$. Electrocardiography revealed sinus tachycardia with right axis deviation and right bundle branch block configuration. Postero-anterior and lateral chest X-ray was performed (Figure 1A and 1B).

Questions

1. What abnormalities are shown on the X-rays?
2. What further investigations may be helpful?
3. What is the likely diagnosis?
4. What is the appropriate management?

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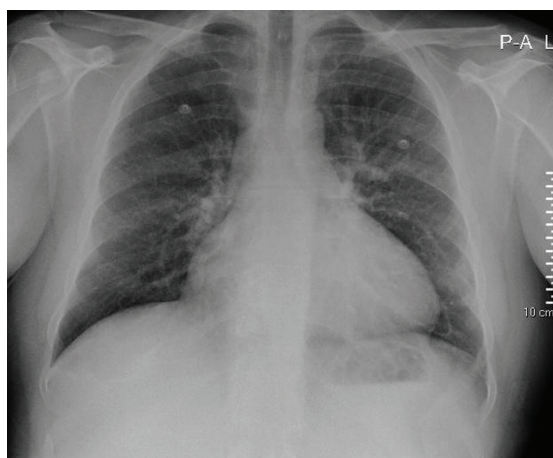


Figure 1A. Postero-anterior chest X-ray.

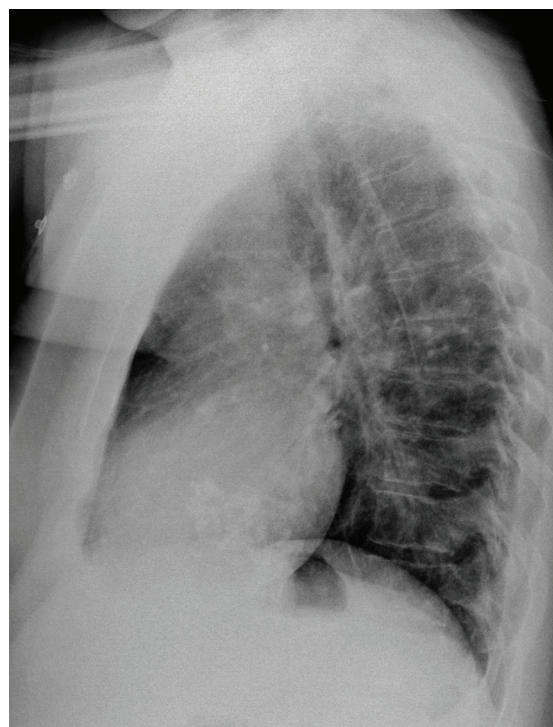


Figure 1B. Lateral chest X-ray.