**VALVE SURGERY IN ENDOCARDITIS AND NON-ST-ELEVATION MYOCARDIAL INFARCTION WITHOUT CORONARY ANGIOGRAM**

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Objective: To assess the need of coronary angiography prior to valve surgery in a patient with infective endocarditis (IE) and non-ST-elevation myocardial infarction (NSTEMI).

Background: In the setting of IE involving the aortic valve, coronary angiography is relatively contra-indicated. The need for coronary angiography should be weighed against the risks of vegetation dislodgement.

Method: In this case report, we present our experience with a case of aortic valve insufficiency in the setting of active IE and NSTEMI with subsequent aortic valve replacement (AVR) surgery without coronary angiography.

Result: A 59 year old Caucasian male with past medical history of IE and chronic kidney disease presented to the emergency department with worsening dyspnea and NSTEMI. Creatinine = 3.65, Troponin I = 0.92 and BNP = 1100. Emergency hemodialysis was started. Transesophageal echocardiogram (TEE) revealed that the aortic cusps were riddled with vegetative lesions and severe aortic regurgitation was evident. Another vegetation was noted on the ventricular side of the anterior mitral leaflet. AVR was performed. The patient had a tri-leaflet aortic valve with a large vegetation on the left coronary cusp. The vegetation draped over the anterior leaflet of the mitral valve but did not involve the mitral valve which by intraoperative TEE had mild insufficiency. Post-procedure TEE demonstrated no evidence of aortic insufficiency or significant mitral insufficiency.

Conclusion: Successful AVR without coronary angiography can be done in the setting of NSTEMI .The risk of open heart surgery was weighed against the risks of vegetation dislodgement during coronary angiography.