

Chana A. Sacks, M.D., *Editor*

## Ulnar-Artery Mycotic Aneurysm



Bashaar K. Alibrahim, M.D.  
George Wharmby, M.D.

University of British Columbia  
Vancouver, BC, Canada  
dr\_bashare@hotmail.com

**A** 27-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH ABDOMINAL PAIN IN THE LEFT upper quadrant and a pulsatile, painful lesion on the right hand. He reported a 6-week history of fevers, decreased appetite, and night sweats and a weight loss of 12 kg. The painful lesion on the palm had started as focal erythema but had become blue, raised, and pulsatile over a period of 2 weeks. Physical examination was notable for a temperature of 38.5°C and a grade 3/6 diastolic murmur throughout the precordium. Laboratory studies revealed a white-cell count of 18,000 per cubic millimeter. Computed tomography (CT) of the abdomen revealed wedge-shaped infarcts in the spleen and left kidney, and an echocardiogram showed a vegetation on a bicuspid aortic valve with moderate aortic insufficiency. Cultures of two blood samples, which had been obtained in the emergency department, were positive for *Streptococcus salivarius*, and antibiotic agents were initiated. The patient received a diagnosis of subacute bacterial endocarditis, which was possibly related to poor oral hygiene and a recent dental procedure. CT angiography of the right arm revealed an aneurysm of the ulnar artery. The patient underwent aortic-valve replacement, followed by surgical repair of the mycotic aneurysm. His fevers and night sweats resolved 2 days after the initiation of a 6-week course of ceftriaxone.

DOI: 10.1056/NEJMicm1603196  
Copyright © 2018 Massachusetts Medical Society.