

## Postpartum Infective Endocarditis with *Enterococcus faecalis*: Correspondence

To the Editor,

We would like to discuss on "Postpartum infective endocarditis with *Enterococcus faecalis* after vaginal delivery."<sup>1</sup> Dural et al<sup>1</sup> present a clinical case report and mentioned that "When we searched for studies on IE with *Enterococcus faecalis* on Web of Science and Google Scholar, we found 2 cases in the postpartum period. ... To the best of our knowledge, our patient is the first case of mitral valve IE caused by *E. faecalis* after a vaginal delivery..."<sup>1</sup> We agree that postpartum infective endocarditis with *E. faecalis* is an important uncommon cardiac disorder in a postpartum woman. Recognition of the problem is important and it can lead to an early diagnosis and prompt proper treatment. An important concern is a limited information on this clinical problem.

Dural et al<sup>1</sup> might miss that there are only 2 previous case reports and their case is the first case of mitral valve IE by the pathogen. We would like to draw attention that there is another report by Hughes et al.<sup>2</sup> In that report in 1988, a case of postpartum bacterial endocarditis on a normal aortic valve in a woman following vaginal delivery was reported.<sup>2</sup> It was clear that the case report is the first case of group D *Streptococcus faecalis*, which is currently known as *E. faecalis*, mitral valve IE in a postpartum woman after a vaginal delivery. A good data search can help systematically collect data on a rare cardiac disease. Update and historical knowledge on infectious disease and microbiology is also an important part of successful careful data searching.

### REFERENCES

1. Dural İE, Gökaslan S, Yalın Z, et al. Postpartum infective endocarditis with *Enterococcus faecalis* after vaginal delivery. *Anatol J Cardiol.* 2021;25(12):920-921. [CrossRef]
2. Hughes LO, McFadyen IR, Raftery EB. Acute bacterial endocarditis on a normal aortic valve following vaginal delivery. *Int J Cardiol.* 1988;18(2):261-262. [CrossRef]

### LETTER TO THE EDITOR

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