Fulminant prosthetic valve endocarditis caused by *Listeria monocytogenes*

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Listerial endocarditis is uncommon, but potentially destructive. Fifteen years after mitral valve replacement, a 67-year-old male without co-morbidities developed hyperacute shock (white blood cell count = 38.750 μl⁻¹) following a mildly febrile period with normal echocardiograms. Trans-oesophageal echocardiography showed a flail prosthesis (Fig. 1). Surgery consisted of valve re-replacement and pericardial annular reinforcement.

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**Fig. 1.** Trans-oesophageal echocardiography, performed after resuscitative measures, showed subtotal dehiscence of the infected prosthesis (A). Intra-operatively, the valve was found to be anchored only to the anterolateral commissure and adjacent portion of the anterior mitral annulus by 3 of 13 pledgetted mattress sutures (B). Vegetations and thrombus allowed only minimal excursion of the tilting disc. Cultures of the excised tissue demonstrated *Listeria monocytogenes* as the causative agent of endocarditis. The patient received a 4-week antibiotic treatment (linezolid and trimethoprim-sulphamethoxazole) and is free of disease 40 months after re-operation.

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