

**ID: 52** **NATIVE VALVE INFECTIVE ENDOCARDITIS CAUSED BY STAPHYLOCOCCUS WARNERI**

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*Staphylococcus Warneri* is a coagulase negative Staph (CoNS) and is a normal part of skin flora. It rarely causes infective endocarditis (IE) of the native valves. In most of the cases, there is a predisposing condition like a new implant, intravascular catheter or surgical procedure. We

report a case of native valve endocarditis in an immunocompetent patient with no predisposing risk factors. Our case illustrates the importance of Coagulase negative bacteremia and the implications of the delayed diagnosis of Coagulase negative Staph Endocarditis. A 59 years old male presented with lethargy and shock. On exam, he was found to have a 3/6 holo systolic murmur radiating to his axilla. His blood culture revealed bacteremia with *Staphylococcus warneri* in 3/5 cultures. MRI spine showed no diskitis or abscess. He had metal hardware placed in his ankle >10 years ago, X-ray of the ankle did not reveal any evidence of infection. TEE showed 1.6×0.6 cm vegetation on posterior leaflet of mitral valve. He was started on cefazolin 2 g TID for total 6 weeks. It is usually believed that CoNS are more associated with prosthetic valve infections. *Staph Warneri* is a part of normal flora of the human skin in almost 50% of the normal adult population. *Staph Warneri* can lead to a slow growing and an indolent course and late diagnosis. Failure to recognize initial blood cultures as a true positive contributes to delayed antibiotic therapy. CoNS IE were less likely to have a vascular or immunologic phenomenon and can lead to large vegetations requiring valve replacement if not treated in time. With this case we want to illustrate that CoNS can lead to invasive infection even in the absence of any prosthetic valves, catheters or invasive procedures.