Title: Diagnosis of Active Infective Endocarditis from Examination of the Toes and Soles

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Diagnosis of Active Infective Endocarditis from Examination of the Toes and Soles

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\textbf{BRIEF TITLE:}

The footprint of the heart.

\textbf{RELATIONSHIP WITH INDUSTRY}

No, there is no relationship with industry that should be disclosed

\begin{quotation}
A 72-year-old woman was admitted to our hospital with fever $>38^\circ\text{C}$ of unknown origin. Blood cultures were positive in two sets for \textit{Staphylococcus aureus}. In
\end{quotation}
the third day of admission, her husband drew attention to the presence of some small punctures in her right foot. Several small and non-tender, erythematous and hemorrhagic macular lesions were found on her sole (Janeway lesions). Besides, we detected some painful and palpable, erythematous nodules involving the pads of her toes (Osler nodes). At this point, according to the modified Duke criteria, the clinical diagnosis of definite infective endocarditis might be established. Additionally, the transesophageal echocardiogram just confirmed the presence of a large vegetation attached to the posterior leaflet of the mitral valve.

Although the diagnosis of infective endocarditis may be challenged, sometimes there are simple clues: next time lift the bed sheets!