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**Manuscript Title:** The Footprint of the Heart.

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This statement is to certify that all Authors have seen and approved the manuscript being submitted. We warrant that the article is the Authors' original work. We warrant that the article has not received prior publication and is not under consideration for publication elsewhere. On behalf of all Co-Authors, the corresponding Author shall bear full responsibility for the submission.

This research has not been submitted for publication nor has it been published in whole or in part elsewhere. We attest to the fact that all Authors listed on the title page have contributed significantly to the work, have read the manuscript, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to the *American Journal of Cardiology*.



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

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### BRIEF TITLE:

The footprint of the heart.

### RELATIONSHIP WITH INDUSTRY

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

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 *Staphylococcus aureus*. In

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!

Figure

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