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A 47-year-old man with a history of diastolic murmur was admitted to the emergency ward for chest pain and fever. Physical examination, ECG findings and blood analyses were unremarkable. While the patient was thought to have viral pericarditis, two blood cultures were taken, and then the patient was treated with non-steroidal anti-inflammatory drugs. Two days later, thoracic pain and fever had resolved and the patient was discharged home. He was readmitted 24 h later because of the sudden onset of an excruciating pain in the right palm, followed in minutes by the appearance of a large ecchymotic palmar spot with multiple petechiae of the right hand and of the right toes (panel A). In front of such cutaneous lesions, highly suggestive of infective endocarditis, intravenous antibiotic therapy with amoxicillin and gentamicin was rapidly undertaken. On the next day, blood cultures grew methicillin-sensitive Staphylococcus aureus. Amoxicillin was switched for oxacillin while gentamicin was continued. A transoesophageal echocardiography disclosed a large (9×16 mm) vegetation on a bicuspid aortic valve. Because the patient complained of a new left thoracic pain, a thoracoabdominal CT was realised that showed only mild left pleural effusion but revealed spleen and kidney infarctions. As the patient remained febrile while he was treated with antibiotics for several days, a new transoesophageal echocardiography showed no new cardiac lesions, especially neither new vegetation nor perivalvular abscess. The surgical exploration of the larger right palmar vegetation, carried out eighteen days after the initial admission, disclosed a subcutaneous abscess that grew no microorganisms.

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