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Infective Endocarditis Due to MSSA Cardiac Device Lead Infection Presenting with Purpura and Haematuria: Immune Complex Vasculitis and Glomerulonephritis Prior to Lead Extraction

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CLINICAL IMAGE

A 62-year-old male with methicillin-sensitive *Staphylococcus aureus* (MSSA) infective endocarditis is scheduled for transvenous extraction of pacemaker and ICD leads after imaging demonstrated vegetations attached to the intracardiac leads, indicating device-related infection. Clinical examination reveals extensive bilateral palpable purpura over the lower limbs, and urinalysis has shown haematuria. The combination of infective endocarditis, purpuric rash, and haematuria is highly suggestive of immune complex–mediated small vessel vasculitis (leukocytoclastic/cytoclastic angiitis) with associated glomerulonephritis. In this setting, persistent bacteraemia may trigger circulating immune complex deposition within dermal capillaries and renal glomeruli, leading to cutaneous vasculitic lesions and renal involvement. Management requires prolonged targeted intravenous anti-staphylococcal antibiotic therapy together with complete removal of infected hardware, which is essential for source control and eradication of infection. Renal function, complement levels, inflammatory markers, and urine protein excretion should be closely monitored. Histological confirmation from skin or renal biopsy may be considered if diagnostic uncertainty remains or renal impairment progresses.