A 64-year-old Taiwanese woman living in France was referred to the emergency department for recent onset fever. Past medical history included mitral valve replacement (Starr-Edwards prosthesis) in 1980 for rheumatoid mitral stenosis, pacemaker implantation in 2000, transient atrial fibrillation and chronic hepatitis C complicated by liver cirrhosis. Usual medications included propanolol, furosemide, warfarin and aldactone. Of note, she ate fresh seafood several times per week. On admission, her heart rate was 71 beats/minute, blood pressure was 130/70 mmHg and body temperature was 38.9 °C. Physical examination revealed a mitral stenosis murmur. Haemoglobin concentration was 12 g/dL, white blood cell count was 14.4 g/L and platelet count was 79 g/L. C-reactive protein concentration was 18 mg/L. Three blood cultures were positive for Gram-positive cocci; polymerase chain reaction identification confirmed *Lactococcus garvieae*, a microbial agent found in fresh seafood.

Transoesophageal echocardiography revealed the presence of mobile infracentimetric vegetation attached to mitral prosthesis, without any associated prosthesis dysfunction (Fig. 1); the pacemaker leads were free of vegetation. The results of other examinations were normal except for colonoscopy, which showed the presence of uncomplicated colon polyps. The patient was treated with intravenous amoxicillin and gentamicin for six weeks and recovered. There was no recurrence of fever after 8-month of follow-up.
L. garvieae is a known pathogen in humans, which causes lumbar osteomyelitis, hepatic abscess and infective endocarditis, according to a report by Vihn et al. [1]. We assume the infection followed the consumption of fresh seafood and may have been facilitated by immunosuppression (liver cirrhosis). The low prevalence of this infection may be explained by misidentification of other *streptococcus* species.

**Conflict of interest**

None.

**Reference**