In an IV drug–addicted, neurologically asymptomatic, 40-year-old man with definite infective endocarditis (IE), T2* MRI revealed numerous cerebral microhemorrhages known as microbleeds. The anatomic location of one microbleed matched with that of a nonruptured mycotic aneurysm (figure 1, A to D). Moreover, T2* follow-up imaging before cardiac surgery showed that the number of microbleeds had asymptotically increased twofold, despite antibiotherapy (figure 2, A and B). Such rapid variation may suggest an active microvascular underlying process causally linked to IE. Furthermore, the microbleeds appeared qualitatively and anatomically different from those reported in other causes of microhemorrhages, e.g., amyloid angiopathy, chronic hypertension, or multiple cavernoma syndromes. T2* MRI appears as a promising noninvasive method to target patients at risk for developing intracranial bleeding or mycotic aneurysm in IE, as has been suggested previously.1

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