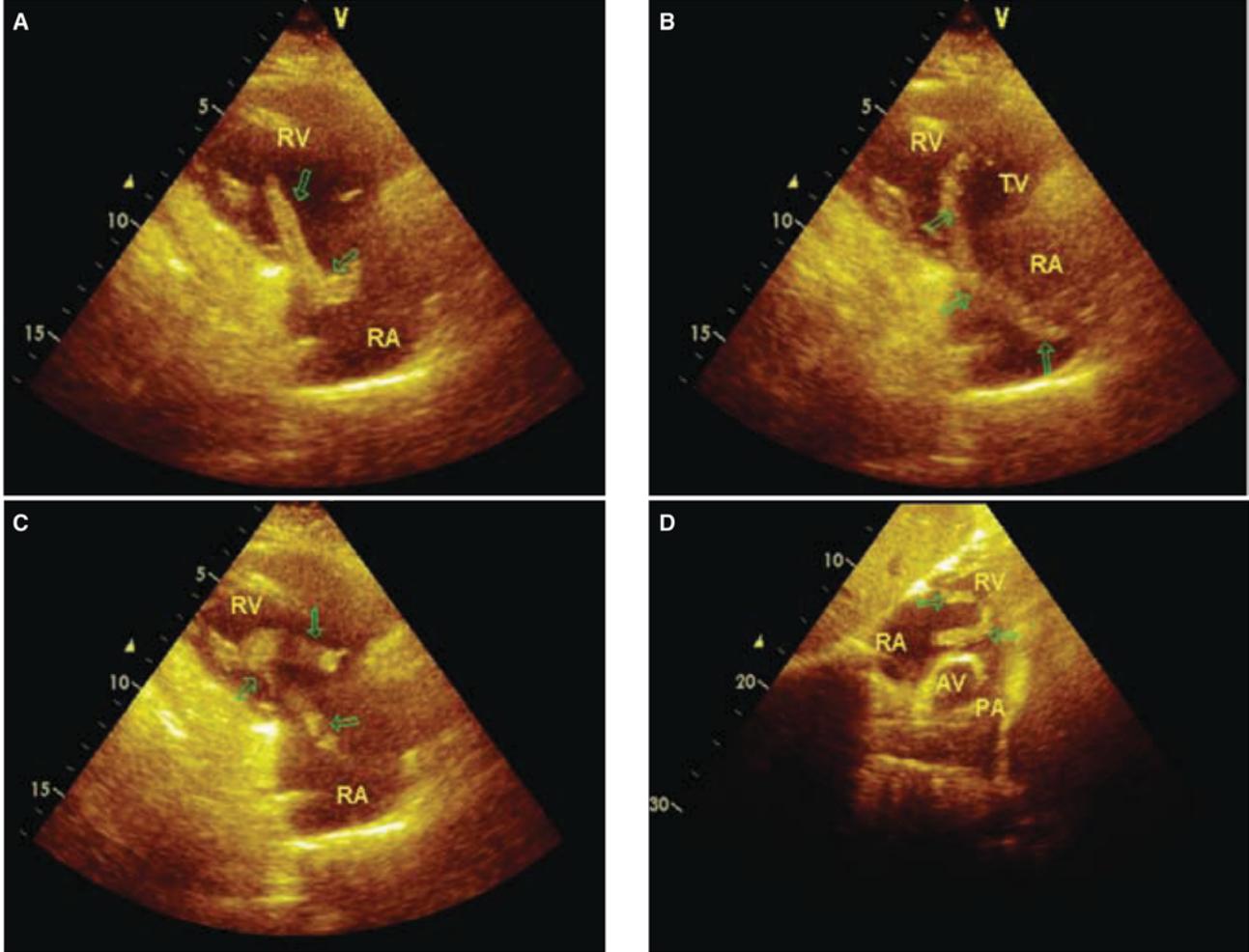


## Pulmonary embolism in a patient with a snake-like thrombus in the right atrium

## Sağ atriyumda yılan benzeri trombüsü olan bir hastada gelişen pulmoner emboli



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A 64 year-old man presented with sudden onset and continuous increase of dyspnea. The patient who did not have any significant finding in his past medical history and family history had a blood pressure of 100/70 mmHg,

pulse rate of 112 beats/min, respiratory rate of 23/min and fever of 36.8 °C. Heart sounds were rhythmic and tachycardic. A 3/6 pansystolic murmur was heard at the tricuspid focus and there was decreased breath sounds in the left lung. Electrocardiography demonstrated sinus rhythm. In addition, S wave was observed in D<sub>1</sub> and Q wave and negative T wave were observed in D<sub>3</sub>. Chest x-ray also revealed increased cardiothoracic ratio and opened sinus. Blood analysis showed very high level of D-dimer and BNP level of 992 ng/mL. Arterial blood gas analysis also revealed O<sub>2</sub> saturation of 91%, partial O<sub>2</sub> pressure of 54.5 mmHg and CO<sub>2</sub> pressure of 22.5 mmHg. Thoracic

tomography revealed bilateral massive pulmonary embolism in the main pulmonary arteries. Transthoracic echocardiography revealed dilatation in the right heart chamber (diameter of right ventricle: 40 mm), severe tricuspid regurgitation, severe pulmonary hypertension (85 mmHg), mild pericardial effusion anterior to the right ventricle and a snake-like echogenic thrombus with a length of 10 cm and diameter of 0.66 cm in the right atrium, moving in and out of the right atrium and right ventricle during systole-diastole (Figure A-D). Streptokinase infusion (250.000 U bolus, 100.000 U/h) was initiated following the diagnosis of pulmonary embolism. However, the patient who developed hypotension and bradycardia, and was intubated and put on the mechanical ventilation due to shallow respiration, developed a nodal rhythm and blood pressure and pulse could not be obtained. Cardiopulmonary resuscitation also failed.

**Figures.** Transthoracic two-dimensional echocardiography showing modified parasternal (A-C) and subcostal (D) evaluation of the mass movement from right atrium into right ventricle during diastole (arrows). RV: right ventricle; RA: right atrium; TV: tricuspid valve; AV: aortic valve; PA: pulmonary artery