

Multimodality imaging of asymptomatic huge floating thrombus in the thoracic aorta

A 54-year-old female patient was admitted to the cardiology department with effort dyspnea and weakness. Her medical history revealed that she had myasthenia gravis disease for 15 years, had undergone thymectomy, and was medically followed up with pyridostigmine, azathioprine, and prednisone. Physical examination results were within normal limits. Electrocardiography revealed a sinus rhythm. Upon a suspected mass in the descending aorta as seen on echocardiography, transesophageal echocardiography was performed. A well-contoured mobile mass of about 25×15 mm size was detected in the proximal descending aorta by transesophageal echocardiography (Fig. 1a, Video 1). Thoracic computed tomography and magnetic resonance imaging showed a 40-mm long, homogenously hypodense mass with milimetric calcifications, which adhered to the proximal part of the descending aorta and did not limit aortic flow which was compatible with the thrombus (Fig. 1b, 1c). The laboratory parameters were within normal limits, and the coagulation profile was unremarkable. Lower extremity arterial Doppler ultrasonography was normal and without any sign of arterial embolism. Therefore, it was considered as an asymptomatic incidental aortic thrombus, and a follow-up with anticoagulation was planned. The patient has been followed up with warfarin treatment for 6 months.

Mobile mass on the thoracic aorta is a rare pathology and is usually a thrombus. However, it should be differentiated from angiosarcoma, aortic dissection, and hematoma. It is usually diagnosed with serious embolic complications, such as splenic, mesenteric, renal, and peripheral ischemia and infarctions. Treatment options include percutaneous thrombectomy, thromboaspiration, stent grafts, and open surgery, such as segmental aortic resection or rarely with anticoagulation. Patients usually develop hypercoagulable conditions, such as malignancies, autoimmune disorders, or factor deficiencies. Our case is unusual due to a huge asymptomatic floating thrombus and is under follow-up with anticoagulation therapy.

Informed consent: Informed consent was obtained from the patient.

Video 1. Transesophageal echocardiographic imaging of the aorta

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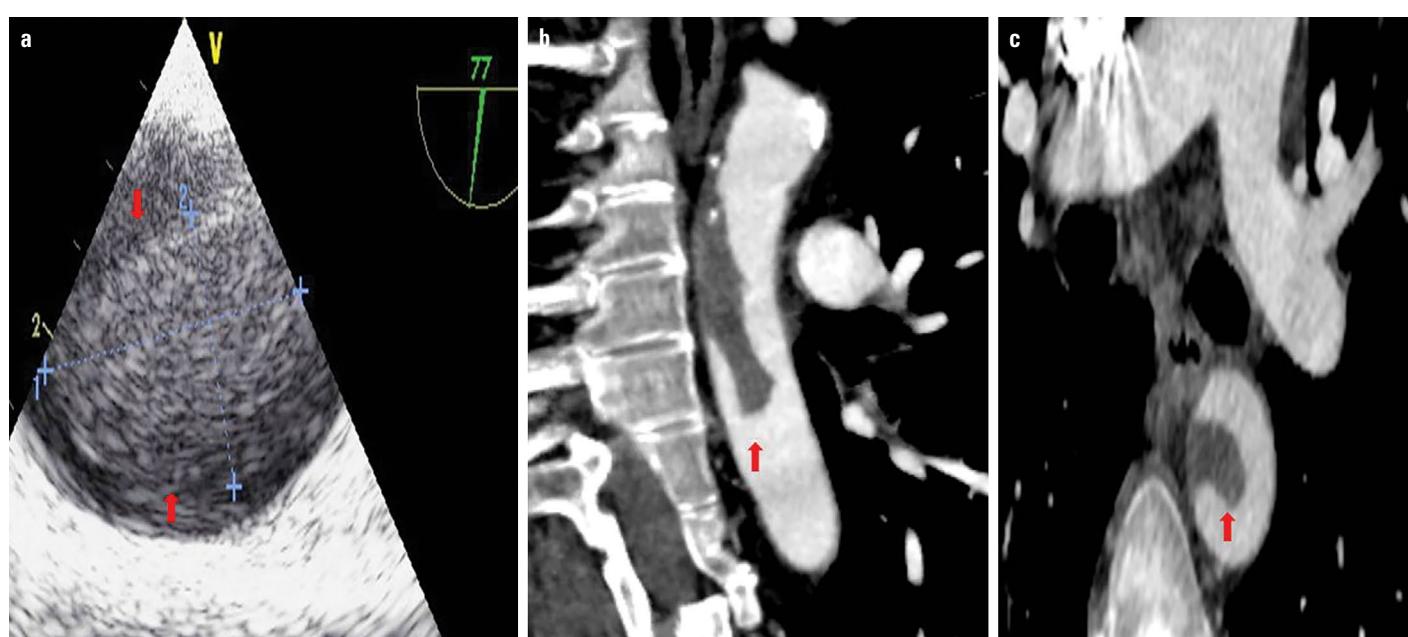


Figure 1. (a) Transesophageal echocardiographic imaging of huge thrombus in the aorta. (b) Computed tomographic imaging of the huge thrombus in the aorta. (c) Magnetic resonance imaging of the huge thrombus in the aorta