A young girl presenting with cardiac thrombus: An unusual complication of inflammatory bowel disease

A 16-year-old girl with a history of Crohn's disease presented with a sudden onset of global aphasia and right hemiplegia. Cranial MRI revealed large ischemic lesions in the perfusion area of the left middle cerebral artery and left anterior cerebral artery without hemorrhage (Fig. 1). The electrocardiogram was indicative of a normal sinus rhythm, while the two-dimensional echocardiogram revealed a mass in the left atrium, normal ejection fraction (65%), and no major valvular pathologies (Fig. 2, Video 1, 2). Ultimately, anticoagulant and antiedema therapies were commenced, and the patient was transferred to the department of cardiac surgery. The mass in the left atrium was successfully resected by the cardiovascular team, and the pathology report confirmed that this mass was a clot. Postoperative recovery was remarkable. After discharge, improvements were noted in the neurological deficits during the follow-up period.

Cerebral infarction due to cardiac embolism is an unusual and devastating complication of inflammatory bowel disease. Early diagnosis and determination of the etiology of stroke in active IBD patients play a fundamental role in optimizing therapeutic intervention. At this point, transthoracic echocardiog-

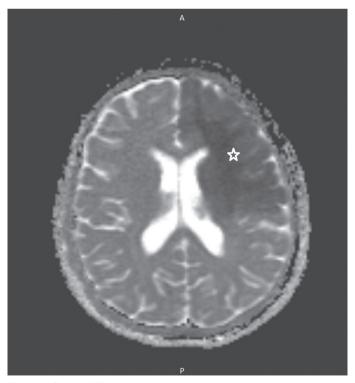


Figure 1. Cranial MRI of the patient revealing large ischemic lesions on the perfusion area of the left middle cerebral artery and left anterior cerebral artery without hemorrhage

raphy is a very useful and readily available tool and should be considered as a priority.

Videos. Two-dimensional echocardiogram revealing a mass in the left atrium in apical four-chamber view (1) and parasternal long-axis view (2). (LA - left atrium; LV - left ventricle; RA - right atrium; RV - right ventricle)

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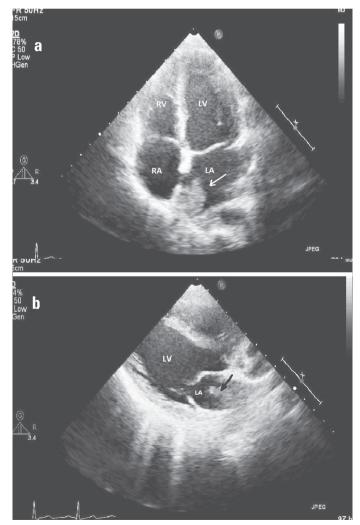


Figure 2. Two-dimensional echocardiogram revealing a mass in the left atrium in apical four-chamber view (a) and parasternal long axis view (b)