

Giant thrombus formation under anticoagulant therapy

Antikoagülan tedavi altında dev trombus oluşumu

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A 37-year-old woman was admitted to the cardiology department with dyspnea. On physical examination, cardiac sounds were arrhythmic. Auscultation showed a 2/4 diastolic murmur and a 2/6 systolic murmur. She had atrial fibrillation and her heart rate was 89 beats/min on the electrocardiogram. One month before, the patient was admitted to the neurology department with lethargy and diagnosed with ischemic cerebral vascular disease based on computed tomography findings. Transthoracic echocardiography showed severe mitral valve stenosis (peak/mean gradient 20/14 mmHg), second-degree aortic valve and third-degree tricuspid valve failure. There was spontaneous echo contrast in the left atrium whose diameter was measured as 5 cm, but no thrombus formation was observed. Mitral valve replacement was planned, but the patient refused surgical treatment. Then, mitral balloon valvuloplasty was planned. However, transesophageal echocardiography indicated thrombus formation in the left atrial appendix, and mitral balloon valvuloplasty was delayed. The patient was discharged under warfarin therapy on the 17th day of hospitalization. She was followed-up with an INR of 2 to 2.6 for one month, after which transthoracic echocardiography was repeated. Despite anticoagulant treatment, there were two giant mobile cystic thrombus formations that adhered to the free wall of the left atrium, measuring approximately 3.9 x 4.1 cm and 3.4 x 3.1 cm (Fig. A-C). Cardiac computed tomography confirmed thrombus formations. The patient was submitted to emergency cardiovascular surgery that included thrombectomy, mitral valve and aortic valve replacement, reparation of the tricuspid valve, and left atrial plication. She was discharged well on warfarin therapy.

Figures. Transthoracic echocardiograms showing two cystic thrombus formations in the left atrium (arrows): (A) apical four-chamber view (Video file 1)*; (B) parasternal long-axis view (Video file 2); (C) parasternal short-axis view (Video file 3). LA: Left atrium; LV: Left ventricle; RA: Right atrium; RV: Right ventricle; Ao: Aorta.

*Supplementary video files associated with this presentation can be found in the online version.

