## Multiple, left ventricular cystic thrombi disappeared in 14 days 🚳

A 50-year-old-man was admitted to our clinic with worsening dyspnea. Echocardiography revealed a dilated left ventricle (LV) with severely compromised systolic function and multiple mobile cystic masses (Video 1, Figs. 1a to 1c). These cystic masses were clearly observed with two-dimensional (2D) and three-dimensional (3D) transthoracic echocardiography (Video 2). A hydatid cyst was excluded with laboratory investigations. The treatment for acute heart failure was initiated based on guidelines. Weight-adjusted enoxaparin and warfarin were initiated. Thrombi started to resolve on the 5<sup>th</sup> day and completely disappeared by the 14<sup>th</sup> day of anticoagulation therapy (Fig. 1d). The patient was anticoagulated with warfarin (target international normalized ratio 2.5) for at least 3 months. During the follow-up, no embolic or hemorrhagic complications were observed.

Various examples of intracardiac cystic thrombi have been reported in the literature (1, 2). In one of the studies, LV cystic thrombus was reported to have disappeared on the 7<sup>th</sup> day of treatment with warfarin and unfractionated heparin, similar to our case (2). With the widespread use of direct oral anticoagulants (DOAC) in clinical practice, examples of intracardiac thrombi resolution with



**Figure 1.** (a to c) There were three cystic thrombi in the left ventricle clearly seen with 2D and 3D transthoracic echocardiography. (d) Thrombi started to resolve on the 5<sup>th</sup> day and completely disappeared by the 2<sup>nd</sup> week of anticoagulation therapy

DOACs have been reported. For instance, intracardiac thrombus was resolved on the 13<sup>th</sup> day with rivaroxaban (15mg/day) (3), on the 16<sup>th</sup> day with apixaban (2x5 mg/day) (4), and on the 27<sup>th</sup> day with dabigatran (220 mg/day) (5). Surgery may be considered, particularly for a large, protruding, and mobile thrombus. Differential diagnosis for blood cysts, hydatid cyst, and myxoma with central necrosis should be kept in mind. However, in our patient, the clinical course and response to anticoagulation confirmed the diagnosis of a thrombus with cystic appearance.

**Informed consent:** Written informed consent to publication was obtained from the patient.

**Video 1.** The apical four chamber view revealed three cystic thrombi in the left ventricle by 2D echocardiography

Video 2. The 3D transthoracic echocardiography revealed three cystic thrombi in the left ventricle

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