

Witnessing a rare event: thrombus in transit after coronary angiography

Nadir bir olaya tanık olmak: Koroner anjiyografi sonrası trombüs transit

A 56-year-old man with no previous cardiac history was admitted to our clinic with complaint of dyspnea for 2 months. On auscultation, his heart sounds were arrhythmic, tachycardic, with a grade 2/6 systolic murmur in mesocardiac region. His electrocardiography displayed atrial fibrillation (AF), left axis deviation and ST-T wave changes in leads V5-6. Echocardiographic evaluation showed marked generalized biventricular hypokinesia, decreased left ventricular ejection fraction (30%), increased left heart dimensions, moderate mitral regurgitation and moderate pulmonary hypertension (45 mmHg). Patient underwent coronary angiography (CAG). The coronary arteries did not show any significant stenosis. He had complained about dyspnea and chest pain 20-hours after CAG. Repeated echocardiography revealed wormlike, elongated and highly mobile right-sided thrombi prolapsing into right ventricle (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). There were wormlike thrombi in hepatic veins and inferior vena cava (Fig. 2). We treated our patient with thrombolysis. There were no complications during or after streptokinase infusion. Last echocardiographic examination showed no thrombi in hepatic veins, inferior vena cava or right atrium (Fig. 3, Video 2. See corresponding video/movie images at www.anakarder.com). The patient was discharged at a compensated status with conventional heart failure therapy and warfarin.

Free-floating right-sided heart thrombi after CAG is a rare phenomenon, generally diagnosed when echocardiography is performed in patients with suspected or proven pulmonary thromboembolism. Patients who have right ventricular dysfunction, AF and long-lasting immobilization as demonstrated in our patient are prone to generation of right-sided cardiac thrombi. In such situation, repeated echocardiographic evaluation is a life-saving application.



Figure 1. Transthoracic echocardiographic image in apical five-chamber view: a worm-like elongated right-sided thrombi, prolapsing into the right ventricle is seen (black arrow)

Ao - aorta, LA - left atrium, LV - left ventricle, RA - right atrium, RV - right ventricle



Figure 2. Transthoracic echocardiographic image in subcostal view: Hepatic vein that contains worm-like elongated thrombus is seen (white arrow)

IVC - inferior vena cava

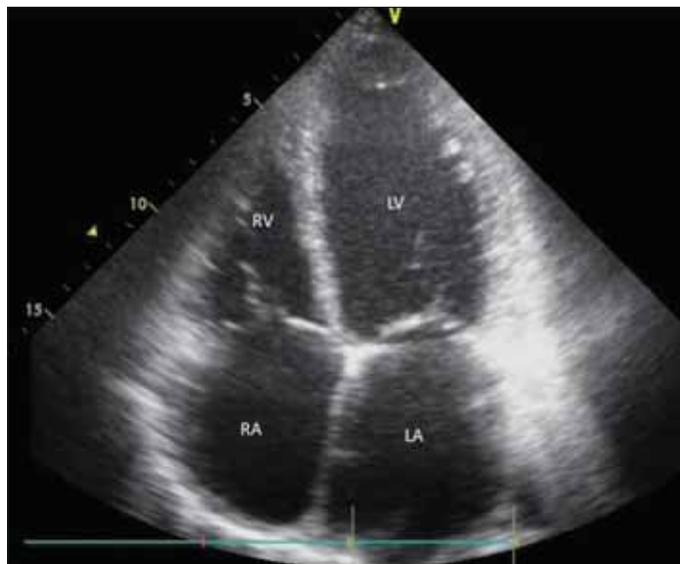


Figure 3. Transthoracic echocardiographic image in apical four-chamber view: Twenty-four hours after streptokinase treatment no signs of thrombi are seen

Kamuran Tekin, Çağlar Emre Çağlıyan, Osman Karaarslan, Onur Kadir Uysal, Buğra Özkan, Murat Çaylı
Department of Cardiology, Adana Numune Training and Research Hospital, Adana-Turkey

Address for Correspondence/Yazışma Adresi: Dr. Kamuran Tekin
Department of Cardiology, Adana Numune Training and Research Hospital, Adana-Turkey
Phone: +90 322 247 26 60 Fax: +90 322 248 72 05
E-mail: kamurantekin@gmail.com

Available Online Date / Çevrimiçi Yayın Tarihi: 05.07.2011

©Telif Hakkı 2011 AVES Yayıncılık Ltd. Şti. - Makale metnine www.anakarder.com web sayfasından ulaşılabilir.

©Copyright 2011 by AVES Yayıncılık Ltd. - Available on-line at www.anakarder.com
doi:10.5152/akd.2011.126