

A giant left ventricular thrombus: a shrimp in the heart

Left ventricular thrombus (LVT) is an often-seen complication of acute myocardial infarction, and usually develops within the first 2 weeks. Although, novel therapies such as percutaneous coronary intervention and fibrinolysis have reduced frequency of LVT, it is still a major life-threatening problem, as it may lead to arterial embolic complications like stroke. In general, it is suggested that patients found to have LVT receive warfarin anticoagulation therapy for at least 3 months. In cases with mobile or thin-stemmed thrombus, however, surgical treatment should be considered and performed immediately.

Presently described is case of a 56-year-old male patient. He was referred to our clinic for giant thrombus in the LV. The thrombus was detected incidentally during cardiac evaluation at routine 3-month follow-up after left anterior wall myocardial infarction. According to echocardiographic findings, thrombus had

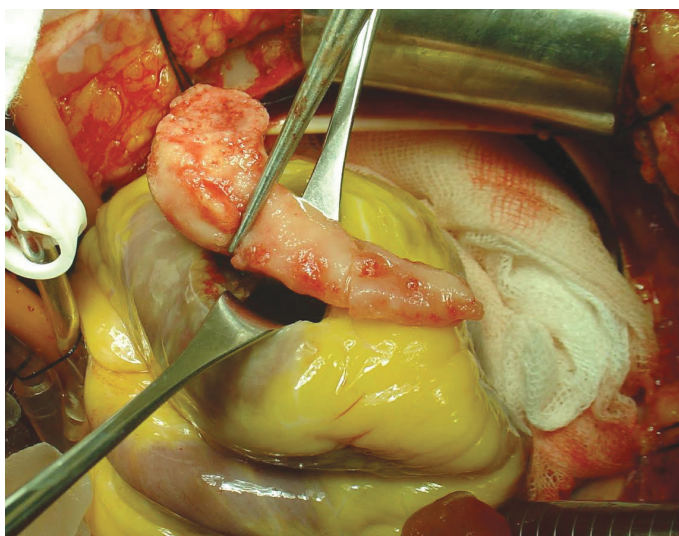
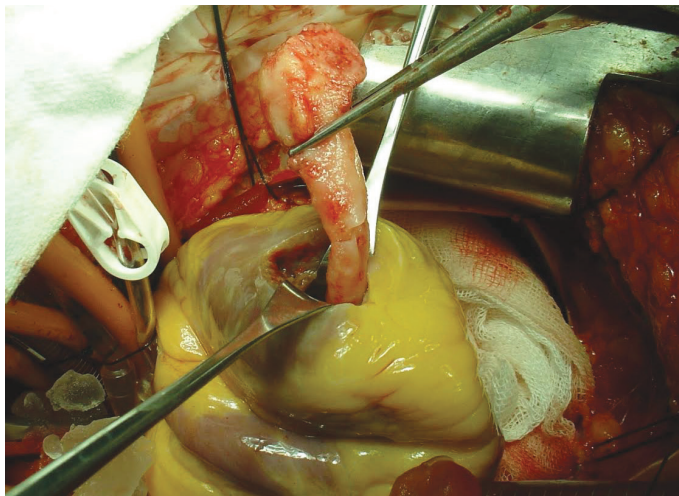


Figure 1. Removal of thrombus

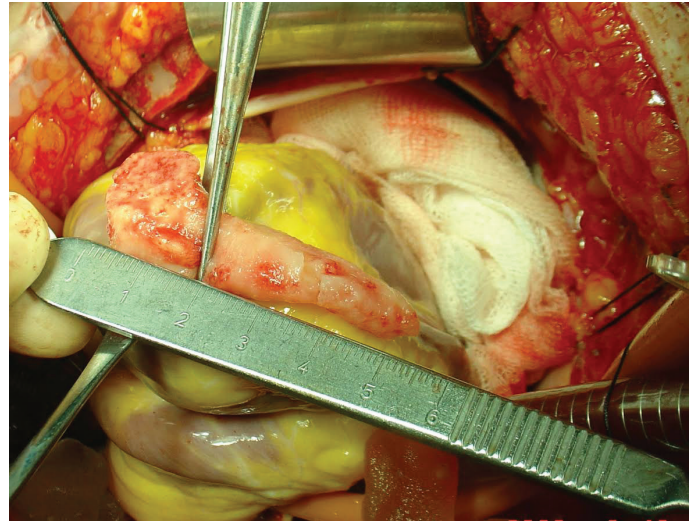


Figure 2. Huge excised thrombus approximately 55 mm in size

a thin stalk and was extremely mobile in the LV. Surgical excision was mandatory due to high risk of embolization. The patient underwent cardiopulmonary bypass and LV was opened. A huge thrombus with unusual shape resembling a shrimp was revealed (Fig. 1) and completely excised (Fig. 2). Coronary revascularization was not needed due to patent left anterior descending stent. LV systolic function was preserved and ventricular aneurysm was not observed. Following uneventful postoperative course, the patient was discharged without any complications.

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Giant pheochromocytoma in type 1 neurofibromatosis patient

A 54-year-old man, previously diagnosed with neurofibromatosis type 1 (NF-1) and depressive affective disorder, presented with vertigo, repetitive presyncope and palpitations. Physical examination revealed multiple neurofibromas, café-au-lait spots and axillary freckling (Fig. 1), tachyarrhythmia, and high blood pressure (BP). Electrocardiogram (ECG) indicated paroxysmal atrial flutter of 150 beats per minute with frequent recurrence. Stable sinus rhythm was achieved with alfa/beta blockers and