

Thrombus entrapped in a patent foramen ovale presenting with acute pulmonary embolism

Akut pulmoner emboli ile ortaya çıkan patent foramen ovale içine tuzaklanmış trombus



Thrombus entrapped in a patent foramen ovale (PFO) presenting with acute pulmonary embolism (PE) is a rare condition (4-18%) and despite all therapeutic options mortality rate is high (21-45%).

We report two cases of thrombus entrapped in a PFO presenting with acute PE. First case; A 69-year-old woman was admitted to our hospital, because of sudden dyspnea. Transthoracic echocardiography showed a mobile thrombus extending from the right atrium to the left atrium through a PFO and protruding to the left ventricle during diastole (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). Although the patient was referred to surgery for embolectomy, she did not accept the

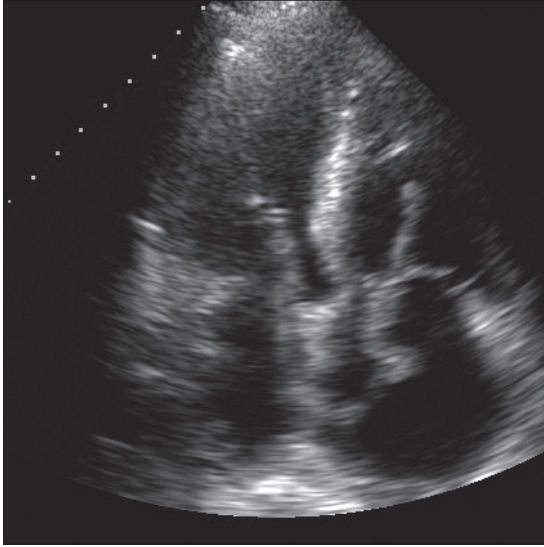


Figure 1. Transthoracic echocardiography view of a biatrial mobile thrombus, entrapped in a patent foramen ovale

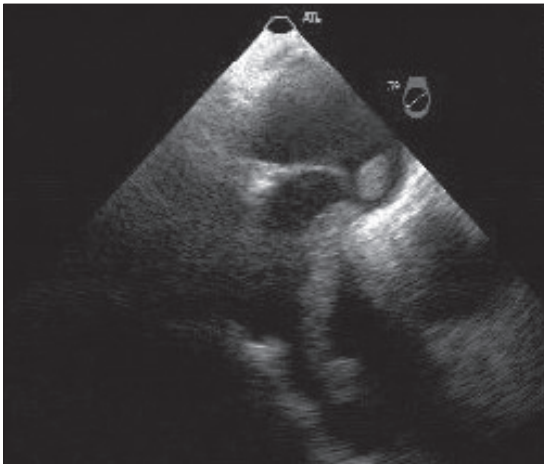


Figure 2. Transesophageal echocardiography view of a mobile thrombus extending from the right atrium to the left atrium through a patent foramen ovale and protruding in-to the left ventricle during diastole

surgery. Second case; A 72-year-old male was admitted to our hospital with progressive dyspnea for 20 days. Transesophageal echocardiography showed biatrial mobile thrombus, entrapped in a PFO (Fig. 2, Video 2. See corresponding video/movie images at www.anakarder.com). The operation was performed and a biatrial thrombus entrapped in a PFO was extracted (Fig. 3).

There are various therapeutic options for thrombus entrapped in a PFO presenting with acute PE; surgical thrombectomy, anticoagulation and thrombolytic therapy. The surgical thrombectomy and closure of PFO appear to be the most useful treatment options for hemodynamically unstable patients. Surgery prevents recurrent paradoxical embolism, but the delay for the surgery and the need of cardiopulmonary bypass are its disadvantages. Thrombolytic therapy has ease of availability and applicability. However, the physician should notice its classical contraindications. For elderly patients with comorbidities, anticoagulation may be a better choice. As a conclusion, the treatment of thrombus entrapped in a PFO presenting with acute PE remains a challenge for physicians.



Figure 3. The view of an extracted thrombus specimen, which was not visible on pulmonary computed tomography and was aspirated from the pulmonary arteries

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Sağ ventrikül çıkış yolundaki divertiküle bağlı ventriküler taşikardi

Ventricular tachycardia related to diverticulum of right ventricular outflow tract

Konjenital kardiyak divertiküller ventrikül duvarının sakküler invajasyonu sonucu oluşan ve çoğunlukla sol ventrikülden kaynaklanan nadir malformasyonlardır. Çoğunlukla asemptomatik olmakla birlikte sistemik emboliler, ciddi ventriküler aritmiler, kalp yetmezliği, kalpte perforasyon ve ani ölüm gibi ciddi komplikasyonlara neden olabilirler. Bu bildiride sağ