

Clinical Image

Rare Presentation of Large Layered Left Atrial Thrombus

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A 79 year-old man with a trial fibrillation, bioprosthetic mitral and aortic valves presented to the emergency room with acute dyspnea. Warfarin was discontinued three years prior due to gastrointestinal bleeding. He was in sinus rhythm. A chest Computed Tomography (CT) scan performed for pulmonary emboli exhibited large left atrial thrombi. A cardiac CT showed a mural thrombus up to 2.8cm in thickness adherent to the left atrial wall (Figure 1). A Transeophageal Echocardiogram (TEE) was performed to evaluate for mobile components to the thrombus. The TEE in the mid-esophageal four-chamber view (Figure 2) showed the thrombus adherent to the lateral and posterior left atrial walls without mobile components. The patient was placed on warfarin. Four months after discharge he was free of symptoms and CT showed reduction in the size of the thrombus. This case demonstrates the importance of oral anticoagulation even in patient with relatively high bleeding risk.

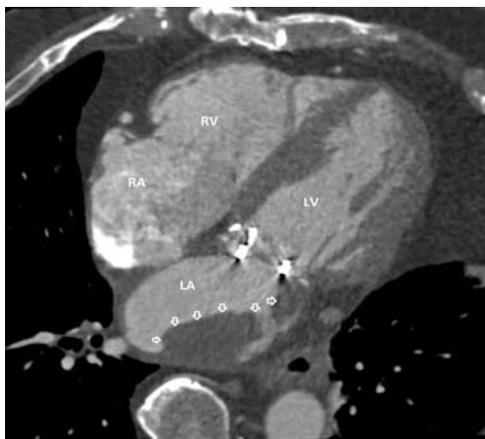


Figure 1: Multiplanar reconstruction showing a four chamber view of the heart with thrombus noted adherent to the left atrial walls (arrows). RV: right ventricle; RA: right atrium; LV: left ventricle; LA: left atrium.



Figure 2: Mid-esophageal four chamber view of the heart with thrombus noted adherent to the left atrial walls (arrows). RV: right ventricle; RA: right atrium; LV: left ventricle; LA: left atrium.