

Clinical Image

Pseud thrombus - An Echocardiographic Illusion

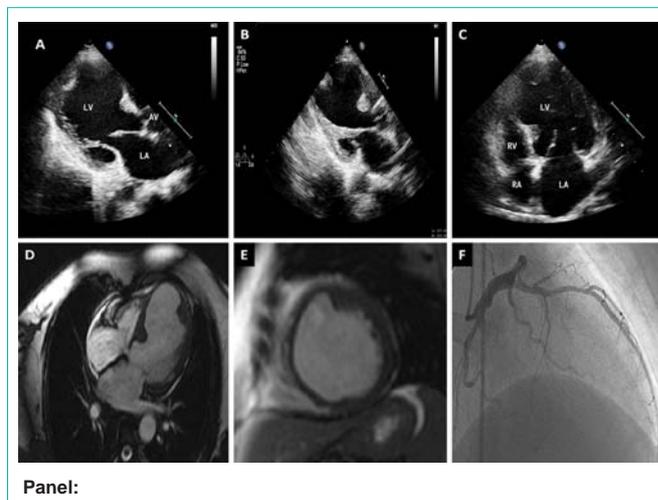
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Cardiovascular complications like hypertension, premature atherosclerosis, coronary arteritis and myocarditis are not infrequent in systemic lupus erythematosus (SLE). There are cases reports describing SLE associated left ventricular (LV) aneurysms secondary to myocarditis or more commonly post left ventricular infarction. We report one such case of a 45 years old lady in quiescent phase of SLE who presented with exertional dyspnea for six months. Clinical examination was unremarkable with normal blood pressure. Two dimensional echocardiography (2D Echo) revealed LV aneurysm involving mid and apical anterior and anteroseptal segments with two masses seen along the margin of this aneurysmal segment (Panel A, B & C). Due to unusual location of these masses along the aneurysmal margin and their homogeneous echogenicity, cardiac magnetic resonance imaging (CMR) was planned which revealed these masses to be localised myocardial thickenings secondary to remodeling (Panel D & E and Supplementary video S1). Coronary angiogram was suggestive of insignificant stenosis of left anterior descending (LAD) artery and patient was advised guideline based medical therapy (Panel F).



Post infarction LV remodeling commonly results in left ventricular dilatation and hypertrophy however localised myocardial thickening along aneurysmal segment margin is uncommon. Moreover such thickening simulates thrombus on echocardiography leading to unindicated anticoagulation.