

Clinical Image

Right Ventricular Thrombus in a Critically Ill Cancer Patient

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Right Ventricular Thrombus in a Critically Ill Cancer Patient

A 35-year-old woman with medical history of metastatic triple negative breast cancer was evaluated in our intensive care unit for cough and dyspnea. On physical examination, she was afebrile; the blood pressure was 100/60 mm Hg, the pulse rate was 120/min, the respiratory rate was 32/min. Oxygen saturation with the patient breathing room air, was 90%, and 93% with the patient breathing oxygen, 5 L/min by nasal cannulas. The heart sounds were normal without any added sounds or murmurs. Examination of the respiratory system was unremarkable. Her abdomen is soft, non-distended, and non-tender, but with evidence of hepatomegaly. An electrocardiogram showed normal sinus rhythm with negative T waves in V1, V2, V3, and V4 leads. Complete blood count on admission revealed leukocytosis and thrombocytopenia. Computed Tomography (CT) scans showed: left image obtained before injection of contrast medium showing a spontaneous high-density mass in

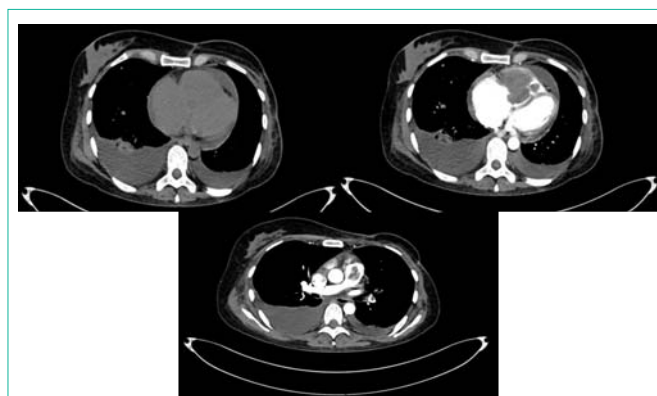


Figure 1: Computed tomography scans.

right ventricle. Right image scan obtained during contrast material infusion shows a large right ventricular filling defect extending into the pulmonary arterial trunk. The patient was diagnosed with Acute Pulmonary Embolism (APE) (Figure 1).

Right Ventricular Thrombus (RVT) is an uncommon complication in patients with APE. The prevalence of RVT is approximately 4% [1]. RVT is usually found in critically ill patients with APE and hemodynamic instability [1]. The CT has allowed distinguish the ventricular wall from the thrombus, because the myocardium takes up contrast material, while the thrombus remains unspecified between the wall and the contrast-material filled ventricular cavity [2].

References

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