

IMAGE IN CARDIOLOGY

Left atrial appendage thrombosis discovered by transthoracic echocardiography



Trombose de apêndice auricular esquerdo detetada por ecocardiografia transtorácica

A 65-year-old Caucasian female with a prior history of mitral valve replacement with a mechanical prosthesis was admitted to the emergency room of our hospital complaining of exertional dyspnea and left eye amaurosis fugax. A laboratory panel showed her international normalized ratio to be suboptimal (1.8).

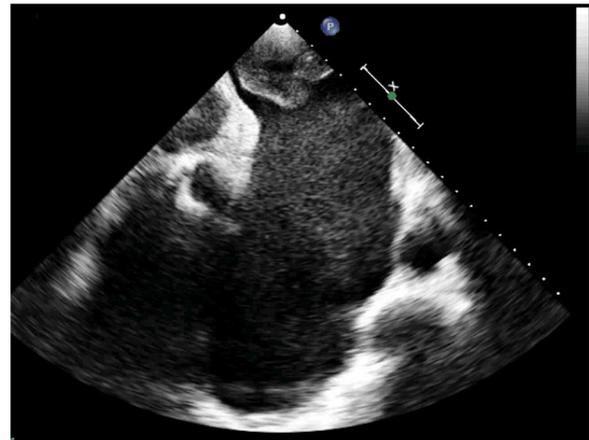


Figure 2 Transthoracic echocardiogram: 4-chamber off-axis view, showing severe left atrial appendage enlargement with smoke and a massive thrombosis of the fundus.

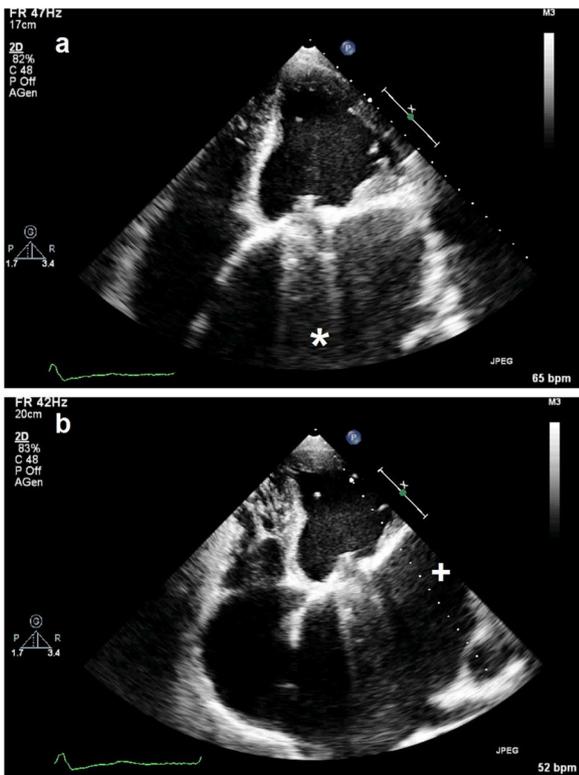


Figure 1 Transthoracic echocardiogram: (a) 4-chamber view showing a huge left atrium (*); (b) giant left atrial appendage (+).



Figure 3 Computed tomography of the chest, axial view, confirming the transthoracic echocardiographic findings.

A transthoracic echocardiogram (TTE) showed a normally functioning prosthetic mitral valve and a huge left atrium (volume approximately 500 ml) (Figure 1a, *); moving from the apex to the midaxillary line from an off-axis view (Figure 1b, +), a giant left atrial appendage (LAA) appeared presenting severe enlargement with smoke and a massive thrombosis of the fundus (Figure 2).

Computed tomography of the brain and of the chest was performed soon after to exclude ischemic stroke or pul-

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monary embolism, with a negative result and confirming the TTE findings (Figure 3).

The patient was diagnosed with a transient ischemic attack and LAA thrombosis and admitted to our intensive care unit to be started on heparin infusion.

Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary material

Supplementary material associated with this article can be found in the online version at [doi:10.1016/j.repc.2021.06.017](https://doi.org/10.1016/j.repc.2021.06.017).

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