A 75-year-old lady came to emergency room due to dizziness and presyncopal attacks during exertion since two days prior to admission. Transesophageal echocardiography revealed a thrombus like mass in right atrium traversing patent foramen ovale and extending to left atrium. Spiral chest CT scan showed bilateral pulmonary thromboemboli. Operative and pathological findings confirmed the diagnosis.

KEYWORDS
Pulmonary; Emboli; Paradoxical; Foramen ovale

Case Presentation
A 75-year-old lady came to emergency room due to dizziness and presyncopal attacks during exertion since two days prior to admission. Her past medical history was insignificant except for 40 packs/year cigarette smoking and decrease in her physical activity due to knee pain recently. Her physical examination was unremarkable. Electrocardiographic findings were sinus tachycardia, T wave inversion in V1–V3, ST segment elevation in aVR and S1Q3T3 pattern. Transthoracic echocardiography showed a mass in right atrium with right atrial and ventricular dilatation. For better delineation, transesophageal echocardiography was performed which showed thrombus like mass in right atrium traversing patent foramen ovale and extending to left atrium (Video clip 1, Figure 1) with both right and left atrial extensions completely mobile. Spiral chest CT scan showed bilateral pulmonary thromboemboli. Immediately she was taken to operating room and a 20 cm thrombus was found and was excised. Pulmonary embolectomy was performed thereafter. Her postoperative course was uneventful and she was discharged one week later.

Thrombus entrapped in patent foramen ovale is a rare form of right heart and paradoxical thromboembolism, and our knowledge is derived from reported cases.1 This is unique in which an embolic substrate originating from the venous system is entrapped in an intracardiac shunt; patent foramen ovale is the most common such conduit. Pulmonary embolism accompanies most cases of impending paradoxical embolism. Transesophageal echocardiography is an available, safe and informative tool for delineation of thrombus extension. Without treatment this condition has a high mortality rate. A review recommended initial systemic heparinization, followed by emergent surgical embolectomy when the surgical risk is acceptable.2

Supplementary material
Supplementary data associated with this article can be found in the online version.

References