


---

**CLINICAL VIGNETTE**

Splenic infarction due to multiple left ventricular mobile thrombi in hypereosinophilic endomyocarditis

Masaya Kato¹*, Keigo Dote¹, and Mayumi Kaneko²

¹Department of Cardiology, Hiroshima City Asa Hospital, 2-1-1 Kabeminami, Asakita-ku, Hiroshima 731-0293, Japan and ²Department of Pathology, Hiroshima City Asa Hospital, Hiroshima, Japan

*Corresponding author. Tel.: +81 82 815 5211, Fax: +81 82 814 1791. Email: ms-katou@asa-hosp.city.hiroshima.jp

A 30-year-old man was admitted for rapidly developing dyspnoea. He was a basketball player and had not felt chest discomfort until a few days earlier. A chest radiograph showed severe pulmonary congestion and the electrocardiogram revealed sinus tachycardia with ST-segment depression and inverted T waves in inferior leads. Echocardiography demonstrated increased left ventricular (LV) wall thickness and restrictive transmitral flow pattern. We could also observe severe spontaneous echo contrast and multiple mobile thrombi in the LV (Panels A and B). Despite the immediate anticoagulation therapy, these thrombi did not disappear. On day 7, he revealed left upper abdominal pain and computerized tomography scan showed a thrombo-embolic splenic infarction (Panel C). Total blood eosinophil counts incrementally increased and endomyocardial biopsy taken from the right ventricle showed eosinophilic infiltration predominantly in endocardium but also in myocardium, resulting in geographic loss or sporadic damage of myocardial fibres in association with granulation tissue proliferation and fibrosis (Panel D). The clinical and pathological findings suggested the acute necrotic stage of hypereosinophilic endomyocarditis. Steroids therapy provided a dramatical improvement of clinical and echocardiographic findings. However, recurrent inflammation occurred when we reduced the dose of oral prednisolone.

Panels A and B. Echocardiographic images showing spontaneous echo contrast in LV lumen and multiple mobile mural thrombi (arrows).

Panel C. Computerized tomography scan showing a splenic infarction (arrow).

Panel D. High power view of myometrium showing sporadic degeneration of myocytes in association with severe eosinophilic infiltration, fibrosis, and small number of Langhans giant cells (arrow) (haematoxylin and eosin stain, × 400).

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2008. For permissions please email: journals.permissions@oxfordjournals.org.