Thrombus in left ventricular aneurysm: a change in morphology during echocardiographic follow-up

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A 72-year-old male was admitted with a history of subacute myocardial infarction. On coronary angiogram there was total occlusion of the proximal segment of the left anterior descending artery and non-obstructive disease of the other coronary arteries. An echocardiogram showed a large akinetic area (size 47 mm) on admission echocardiogram. The patient was started on full-dose low-molecular weight heparin and aspirin. Unfortunately, 1 week later he suffered a minor cerebral stroke which clinically resolved within another week.

Follow-up echocardiograms performed during the following 4 weeks documented a change in thrombus morphology: from mural to mobile thrombus with a high risk of systemic embolization (Panels A–C). As conservative management seemed to be unsuccessful, the patient finally underwent urgent cardiac surgery—thrombus extraction (Panel D) with resection of the aneurysm and single coronary artery bypass grafting. The postoperative course was uneventful.

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