


A left atrial mobile cystic thrombus

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A 58-year-old-woman was admitted to our clinic for worsening dyspnoea. She had a history of uncontrolled hypertension. Physical examination was unremarkable. Electrocardiogram revealed normal sinus rhythm. Transthoracic echocardiography showed a large, mobile cystic mass with smooth contours (20 × 27 mm) in the body of enlarged left atrium (LA) (Panel A). Left ventricular chamber size was in normal limits but there was moderate hypertrophy accompanied with mild impairment of systolic function (ejection fraction was 45%). Transoesophageal echocardiography revealed mobile cystic thrombus in the LA originating from left atrial appendage (LAA) (Panels B and C). We started to treat the patient with intravenous unfractionated heparin with a target activated partial thromboplastin time of 50–70 s. The following day, cystic thrombus decreased in size; however, the very mobile behaviour of the thrombus persisted (Panel D). Transoesophageal echocardiographic examinations revealed complete disappearance of thrombus in both LA and LAA 3 days after starting intravenous heparin treatment (Panels E and F). During follow-up, the patient was free of any neurological complication.

LA thrombus formation in the setting of sinus rhythm is rare. Blood screening work-up for conditions predisposing thrombosis formation was negative. The probable predisposing factors for thrombus formation in the present case were mild left ventricular systolic dysfunction, moderate left ventricular hyperthrophy, and LA enlargement. The cystic character of thrombus is unusual and differential diagnosis for blood cyst, hydatid cyst, and myxoma should be kept in mind.

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