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An uncommon reason for transient ischemic attack: nonbacterial thrombotic endocarditis

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Introduction: Non-bacterial thrombotic endocarditis (NBTE) is a rare condition which is usually associated with embolic complications. The exclusion of culture positive and negative infective endocarditis and the clinician"s suspicion of NBTE are the most important steps in the diagnosis.

Purpose: Illustrative echocardiographic images of NBTE in a patient with lung adenocarcinoma.

Case Report: A 48-year-old male patient was followed up in oncology clinic for known metastatic lung adeno carcinoma. The patient was referred to cardiology after a transient ischemic attack. Transthoracic echocardiography showed significant thickening of the mitral valve tips. In contrast to the rheumatic mitral disease valve opening was well preserved, signs of calcification and doming of anterior leaflet were absent. Transesophageal echocardiography was performed. Hypoechogenous thickening was observed at the mitral valve tips, measuring 1.39x1.33 cm in diameter. On the atrial side of the P2 scalllop, a mass with a diameter of 3.47 cm was seen. Central mitral regurgitation was observed. Aortic valve was structurally and functionally normal. The patient had no fever, serology and blood cultures were negative. Cranial magnetic resonans imaging showed multiple ischemic foci in the brain. The patient was considered NBTE in the light of these findings. Anticoagulation with warfarin was recommended. After 1 months patient deceased because of cancer.

Conclusion(s): NBTE is a condition that should be included in the differentials when the valve pathology is seen in patients with associated diseases (systemic lupus erythematosus, malignancy, disseminated intravascular coagulation, non-bacterial sepsis). Sterile vegetations seen at the contact surfaces of the mitral and aortic valves are typical lesions. They tend to involve the atrial side of the mitral and ventricular side for the aortic valve. Clinical suspicion is critical in the diagnosis of NBTE. The detection of vegetations on echocardiography without signs of infection and in patients with predisposing conditions leads to diagnosis.

Abstract P849 Figure.