Clinical Cases -- Clinical case session

78

A tiny thrombus causing lots of problems

Cicala G.; Palumbo AA.; Sverzellati N.
University Hospital of Parma, Parma, Italy

Cardioembolic strokes represent more than 20% of all ischemic strokes, more often the tromboembolic source being located in the left atrial appendage. We present a case of a patient with multiple syncopal episodes and a rare source of emboli.

In February 2018 a 85 y/o woman on anticoagulant oral therapy for atrial fibrillation was admitted to the Emergency Department for a syncopal episode followed by a head trauma. The relatives referred multiple syncopal episodes in the last 4 years. The Head-CT revealed multiple hemorrhagic foci in both frontal lobes and in the right temporal lobe. Holter ECG 24-h did not show abnormalities except for the atrial fibrillation. After a few days the control Head-CT showed a reduction of the multiple intracranial hematoma. Since the anticoagulant therapy was contraindicated, the percutaneous closure of left atrial appendage was proposed to prevent more cardioembolic events. A pre-procedural Transesophageal echocardiography (TEE) was performed and it showed an atrial septal defect (ASD) with a small echogenic lesion between the septum primum and the septum secundum. The Cardiac CT confirmed the presence of a 7x3mm thrombus inside the atrial septal defect (Fig. 1). The CT revealed also multiple bilateral sub-segmental pulmonary emboli and excluded a left atrial appendage thrombus. Doppler-US did not show deep vein thrombosis.

In this interesting case the multiple cardioembolic strokes and the pulmonary emboli can be explained by the presence of a thrombus inside the ASD. A very slow blood flow between septum primum and septum secundum is the major responsible for the thrombus formation, as CT well showed (Fig. 1).

Even if rare, thrombosis of the ASD should be taken into account in every patient with systemic embolization of unknown origin.

Abstract 78 Figure. Fig. 1