

Recurrent Cerebral Transient Ischemic Attack Due To Unusual Orientated Thrombus

Sıra Dışı Odaklı Trombüs Nedeniyle Tekrarlayan Serebral Geçici İskemik Atak

İlahe Abdurahmanova¹, İsmail Balaban², Elnur Alizade¹

1 Ministry of Emergency Situations of the Republic of Azerbaijan, Medical Center Department of Cardiology, Kardioloji, Bakü, Azerbaycan

2 İstanbul Kartal Koşuyolu Yüksek İhtisas Eğitim ve Araştırma Hastanesi, Kardioloji Kliniği, İstanbul, Türkiye

Anahtar Kelimeler: Trombüs, geçici iskemik atak, sıradışı

Keywords: thrombus, transient ischemic attack, unusual

A 32 year old man who has no history of cardiovascular risk factors was referred to our hospital because of recurrent TIA and ST-T segments changes. Laboratory data on admission showed no elevation of myocardial specific enzymes and a provisional diagnosis of previous silent myocardial infarction (MI) was made. Echocardiography examination demonstrated normal left ventricular (LV) dimensions and severe hypokinesis of the apical segment of the lateral wall associated with hyperechogenic, mobile mass formation; LV ejection fraction was 50%(Figure 1). For better delineation of the mass and ventricle, we planned MRI; showed a slight reduction of the EF (46%); moreover, it confirmed the wall motion abnormalities and the presence of a thin-walled akinetic cavity of the apiko-lateral segment with a mobile thrombus (Figure 2). The patient underwent coronary angiography that showed normal coronary arteries and transferred to cardiovascular surgery. Thrombus resection was performed successfully (Figure 3). The postoperative course was uneventful.

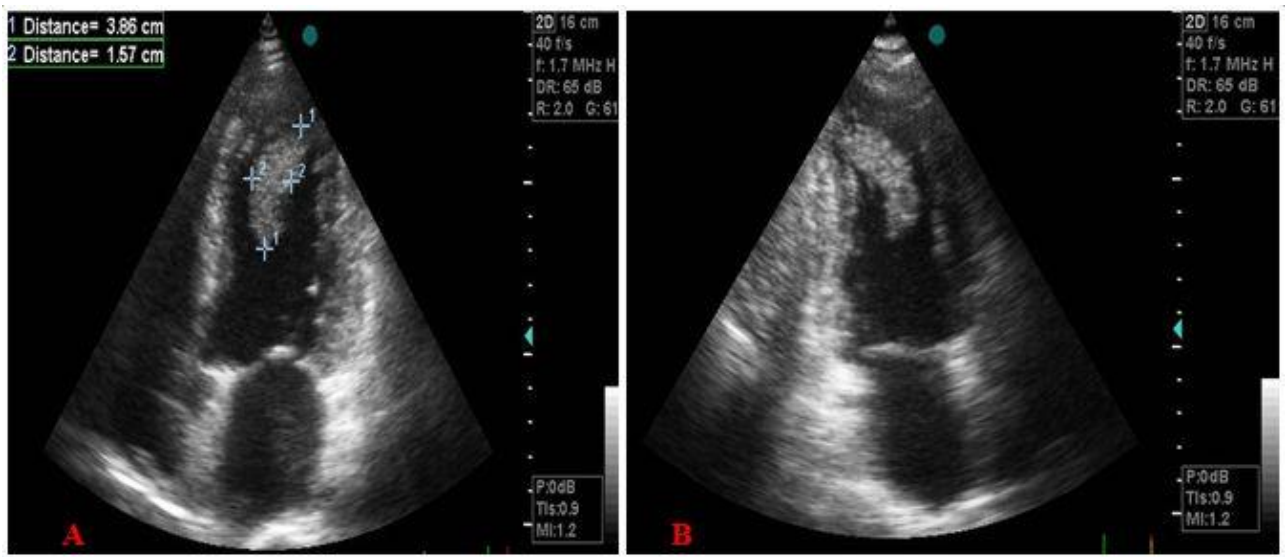


Figure 1: Protruding 3.86* 1.57 cm thrombus in a severe hypokinetic segment seen in an apical (A) four- and (B) two- chamber views.

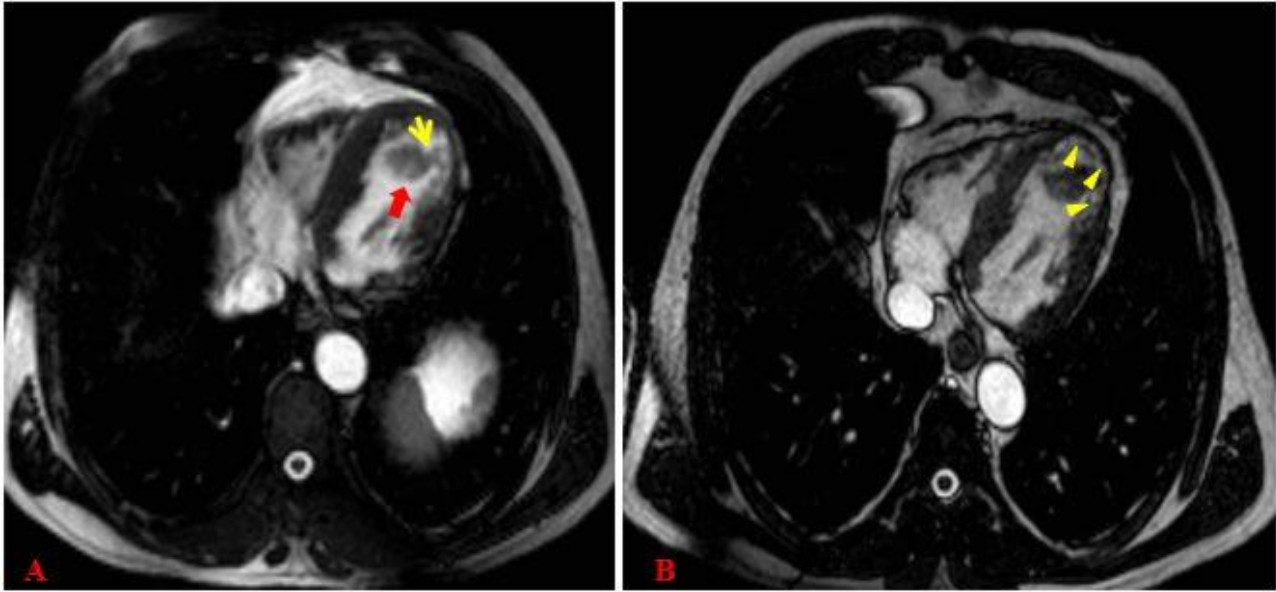


Figure 2: MRI shows a thrombus (red arrow) attached to apiko-lateral segment with pedunculus (yellow arrow)(A). Delayed contrast enhancement image, obtained in horizontal long-axis view (B) shows a hyperenhancing area involving apex and apiko-lateral segments of the left ventricle.



Figure 3: Left ventricular thrombus after surgery (A).