 ● Koşuyolu Heart J 2018;21(3):250-251 • DOI: 10.5578/khj.67190

Recurrent Cerebral Transient Ischemic Attack Due to Unusual Orientated Thrombus

Sıra Dışı Odaklı Trombüs Nedeniyle Tekrarlayan Serebral Geçici İskemik Atak

İlahe Abdurahmanova[1], İsmail Balaban[2], Elnur Alizade[2]

[1] Ministry of Emergency Situations of the Republic of Azerbaijan, Medical Center Department of Cardiology, Bakü, Azerbaycan
[2] University of Health Sciences, Kartal Koşuyolu High Specialization Health Application and Research Center, Clinic of Cardiology, İstanbul, Turkey

A 32-year-old man who had 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 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, which showed a slight reduction of EF (46%); moreover, it confirmed the wall motion abnormalities and presence of a thin-walled akinetic cavity of the apicolateral segment with a mobile thrombus (Figure 2). The patient underwent coronary angiography, which revealed normal coronary arteries, and he underwent cardiovascular surgery. Thrombus resection was performed successfully (Figure 3). The postoperative course was uneventful.

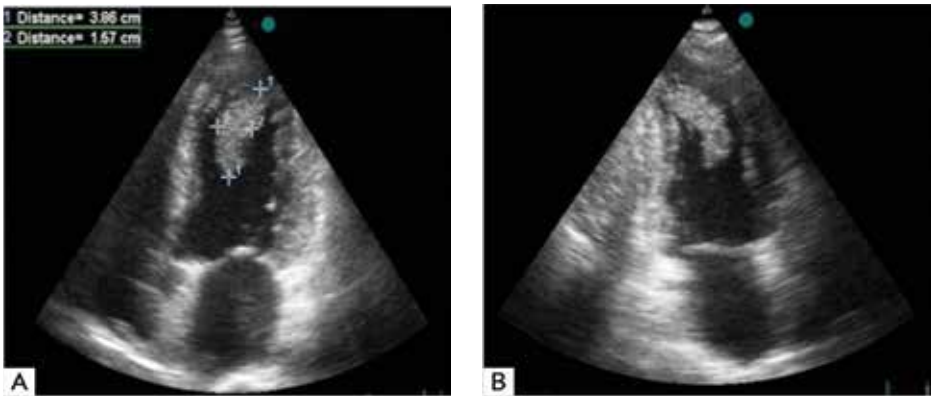

Figure 1. Protruding 3.86 cm × 1.57 cm thrombus in a severe hypokinetic segment detected in apical **(A)** four- and **(B)** two-chamber views.

Correspondence

Elnur Alizade

E-mail: elnur17@yahoo.com
Submitted: 01.07.2018
Accepted: 08.08.2018

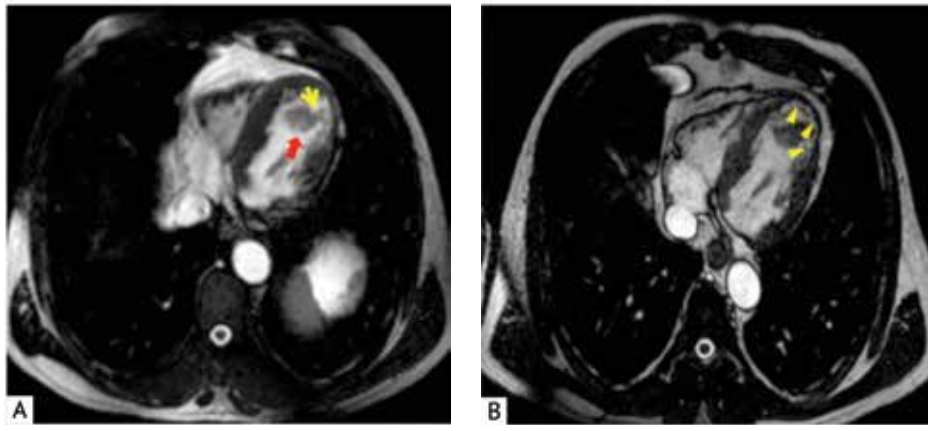

Figure 2. MRI shows a thrombus (red arrow) attached to apicolateral segment with pedunculus (yellow arrow) **(A)**. Delayed contrast enhancement image, obtained in horizontal long-axis view **(B)** shows hyperenhancing area involving apex and apicolateral segments of the left ventricle.

Figure 3. Left ventricular thrombus after surgery.