

Recurrent Cerebral Transient Ischemic Attack Due to Left Ventricular Thrombus Formation in a Patient With Normal Coronary Arteries

Normal Koroner Arterileri Olan Bir Hastada Sol Ventriküler Trombüs Oluşumu Nedeniyle Tekrarlayan Serebral Geçici İskemik Atak

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A 40 year-old man was referred because of recurrent transient ischemic attacks with ST segment changes and inverted T waves in the anterior leads of electrocardiogram. There was no elevation of myocardial enzymes and diagnosis of previous silent myocardial infarction was made. Echocardiographic examination demonstrated severe hypokinesis of the apical segment of left ventricle (LV) associated with hyperechogenic, mobile mass (Figure 1). Magnetic resonance imaging confirmed LV thrombus (Figure 2-arrows) and showed a thin-walled aneurysmatic cavity of the apex and apiko-lateral segments and hyperenhancing necrotic tissue with transmural extension (Figure 3-arrowheads). Coronary angiogram showed normal coronary arteries and patient transferred to cardiovascular surgery. Thrombus resection was performed successfully (Figure 4). The postoperative course was uneventful. We describe an unusual case of cerebral ischemia due to cardiac thrombus in a young patient with silent myocardial infarction and normal coronary arteries.

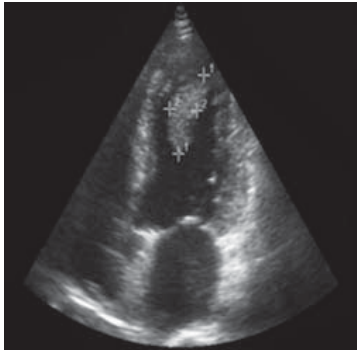


Figure 1. Echocardiographic examination demonstrated apical segment of left ventricle (LV) associated with hyperechogenic, mobile mass.

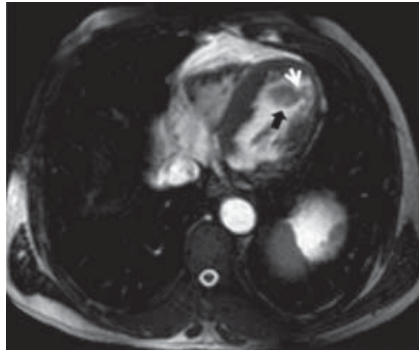


Figure 2. Magnetic resonance imaging showed LV thrombus and a thin-walled aneurysmatic cavity of the apex and apiko-lateral segments and hyperenhancing necrotic tissue with transmural extension.



Figure 3. Magnetic resonance imaging showed LV thrombus and a thin-walled aneurysmatic cavity of the apex and apiko-lateral segments and hyperenhancing necrotic tissue with transmural extension.



Figure 4. Surgically removed thrombus.

Yazışma Adresi

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