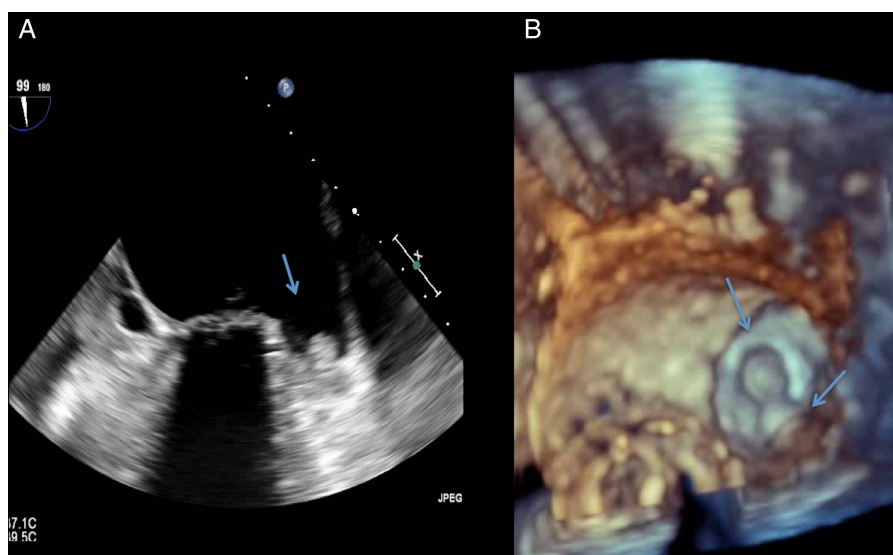
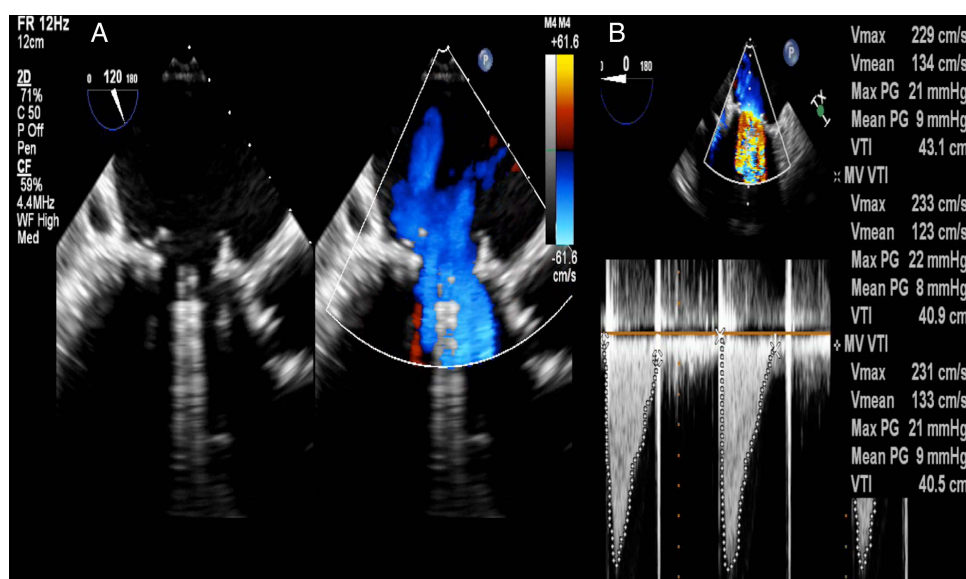


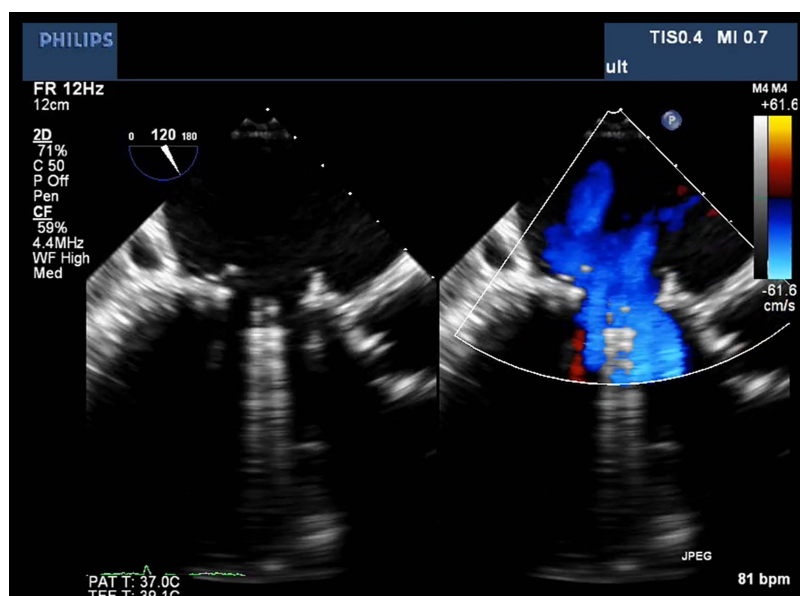
**Videos 1 and 2** Two-dimensional transoesophageal echocardiography and colour Doppler showing stuck mitral valve leaflet between an open and closed position with no forward flow with a possible thrombus seen on the annulus (bold arrow pointing towards the stuck leaflet).



**Figure 2** (A) Two-dimensional transoesophageal echocardiography showing thrombus in left atrial appendage (arrow pointing towards thrombus in left atrial appendage). (B) Three-dimensional transoesophageal echocardiography showing thrombi in left atrial appendage (arrows pointing towards thrombi in left atrial appendage).



**Figure 3** (A) (video 3) Repeat two-dimensional transoesophageal echocardiography and colour Doppler showing resolution of thrombus. (B) Repeat transoesophageal echocardiography showing normalisation of gradient across the mitral valve.



**Video 3** Repeat two-dimensional transoesophageal echocardiography and colour Doppler showing resolution of thrombus.

### Learning points

- ▶ Prosthetic valve thrombosis is a recognised risk in patients with metallic valves and is more common in patients with subtherapeutic international normalised ratios.<sup>1</sup>
- ▶ Any change in the anticoagulation regime of a patient should lead to more frequent monitoring of the INR.
- ▶ In treatment of prosthetic valve thrombosis, surgery is the preferred treatment option. Thrombolysis should be considered when surgery is high risk or not immediately available.<sup>2</sup>

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