Unusual echocardiographic appearance of left ventricular thrombi in a patient with dilated cardiomyopathy

Muhammad Muzaffar Mahmood,1 Shahid Mahmood2

1Department of Cardiology, James Cook University Hospital, Middlesbrough, UK
2Department of Cardiology, Sunderland Royal Hospital, Sunderland, UK

Correspondence to Dr Muhammad Muzaffar Mahmood, muzafar.mahmood@gmail.com

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DESCRIPTION
A 69-year-old woman presented with 3-week history of increasing dyspnoea, orthopnoea and weight gain. She denied any history of chest pain, fever or upper respiratory tract symptoms. The patient’s medical history was unremarkable. She was a non-smoker with minimal alcohol intake. Physical examination revealed pitting ankle oedema and raised jugular venous pressure. Heart sounds were normal and chest examination revealed fine crepitations at both lung bases. ECG showed normal sinus rhythm, poor R wave progression in anterior chest leads and 1 mm ST segment elevation in lateral chest leads with associated T wave inversion. Troponin T was 1995 ng/L (normal (N) 0–13) with a second value of 1629 ng/L. NT-ProBNP was 5253 ng/L (N 0–125). Serum creatinine was 101 μmol/L (N 58–96). Chest X-ray showed cardio-megaly with clear lung fields. A transthoracic echocardiogram revealed a normal sized left ventricle with global hypokinesia and severe impairment of systolic function. Within the left ventricular (LV) cavity, three spherical echo lucent masses were noted attached to the lateral wall (figure 1). These masses likely represented intracardiac thrombi in view of new onset heart failure. The echo lucent centre suggested that the thrombi were relatively new and carried a high risk of systemic embolism.1 The patient was anticoagulated with warfarin. Heart failure was treated with diuretics, ACE-I and β-blocker therapy. Coronary angiogram showed unobstructed coronary arteries. A diagnosis of idiopathic dilated cardiomyopathy was made.

The patient was clinically well on a review 6 weeks later and an echocardiogram confirmed resolution of intracardiac thrombi and mild impairment of LV systolic function.

Learning points
▸ Left ventricular thrombi are common in patients with severe systolic dysfunction.2
▸ Echo lucent left ventricular thrombi may carry a higher than usual embolic potential and anticoagulation is generally indicated.1

Contributors MMM wrote the manuscript. SM is the consultant responsible for the patient’s care and is the reviewer and guarantor of the content.

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REFERENCES