Huge right atrial thrombus after discontinuation of anticoagulant therapy in atrial fibrillation

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DESCRIPTION

An 88-year-old woman with a 1-year history of atrial fibrillation was admitted to the department of cardiology following syncope. At the time of admission, the patient had atrial fibrillation with a heart rate of 80–100 bpm and was diagnosed with orthostatic hypotension and carotid hypersensitivity syndrome on carotid sinus massage. Owing to recent falling accidents, it was chosen to discontinue the patient's vitamin K antagonist treatment to prevent fall-related bleeding.

One month later, she was followed up in the outpatient clinic. We performed an echocardiography revealing a huge (>8 cm) right atrial thrombus prolapsing across the tricuspid valve (figure 1 and video 1). Surgical treatment was considered contraindicated because of the patient's age and comorbidity. Instead, treatment of the thrombus with low molecular weight heparin (dalteparin) was initiated.¹

Figure 1 Right atrial thrombus prolapsing through the tricuspid valve (arrows). RA, right atrium; RV, right ventricle; LA, left atrium; LV, left ventricle.

Video 1 Right atrial thrombus prolapsing through the tricuspid valve. The thrombus has a typical serpiginous shape.

The patient had a CHA₂DS₂-VASc score of 6, which corresponds to an approximately 10% annual stroke risk,² and thus strongly supports initiation of anticoagulant therapy. The HAS-BLED score was elevated at 5. However, this does not contraindicate anticoagulant therapy, but merely suggests a more careful follow-up regimen on initiation of treatment.²

Accidental falls in patients with atrial fibrillation is a common clinical challenge. Physicians are often reluctant to prescribe anticoagulant therapy for elderly patients with atrial fibrillation whom they deem at risk of falling. However, risk of bleeding is often negligible compared with the risk of thromboembolism and initiation of anticoagulant therapy in these patients should primarily be based on the CHA₂DS₂-VASc score and not on patients' propensity to fall.³

Learning points

- ▶ Accidental falls in patients with atrial fibrillation is a common clinical challenge.
- ▶ Patients' propensity to fall should not be a crucial factor in the decision to prescribe anticoagulant therapy in patients with atrial fibrillation.
- ▶ The CHA₂DS₂-VASc score should be used to select patients with atrial fibrillation for anticoagulant therapy whereas the HAS-BLED score, if concurrently elevated, advises caution, but does not contraindicate initiation of anticoagulant therapy.

Contributors JS wrote the initial draft. JS and ELG collected the patient data (pictures and patient history). JS, MS and ELG reviewed the literature, critically revised the manuscript for important intellectual content and approved the final version.

Competing interests None.

Patient consent Obtained.

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