



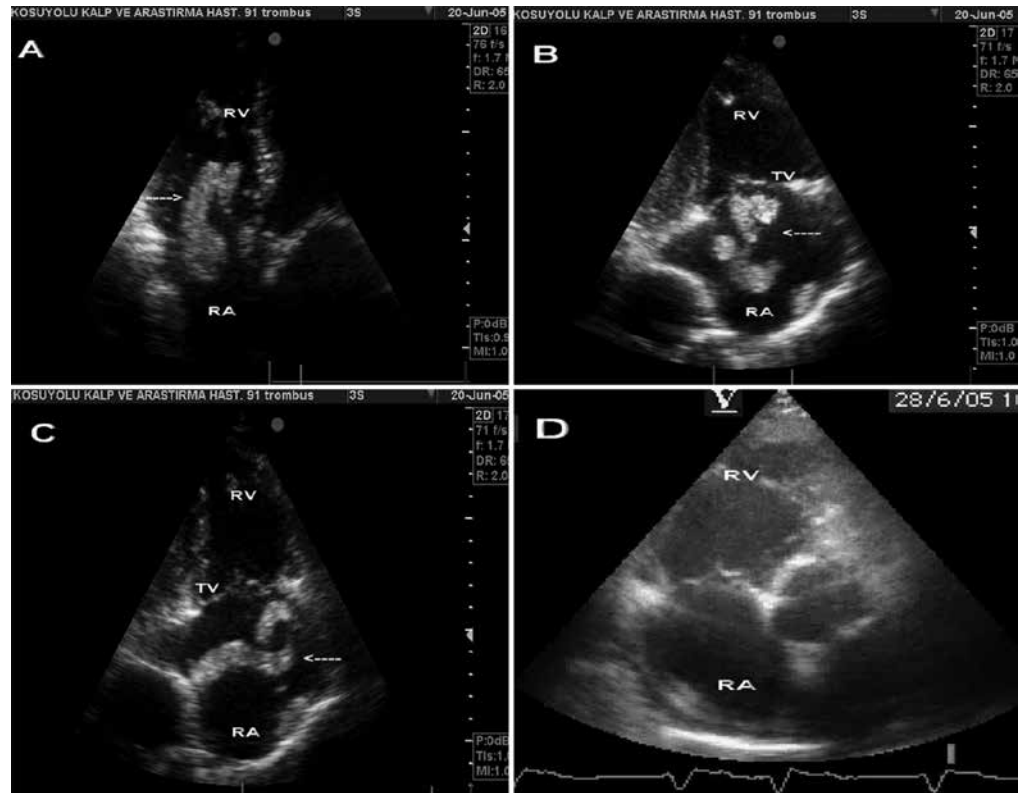
Right Heart Thrombus with Massive Pulmonary Embolism and Death

Masif Pulmoner Emboli ve Ölümüne Yol Açan Sağ Kalp Trombüsü

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A 90-year-old man was admitted to outpatient clinic with dyspnea. Initial cardiopulmonary exam was unremarkable. The electrocardiogram showed atrial fibrillation. Transthoracic echocardiography was performed and dilated right chambers with large free-floating thrombus was observed (Figure 1A, 1B, 1C, movie 1, 2). Because of the high risk of intracranial bleeding, systemic thrombolytic therapy was considered as contraindicated and surgical removal of the thrombus was given up due to age and general condition. The patient was treated with heparin. On the 8th day, the patient developed sudden breathlessness. On transthoracic echocardiography it was seen that right heart thrombus had disappeared completely (Figure 1D, movie 3). There was mild tricuspid regurgitation and systolic pulmonary artery pressure was 50 mmHg. The diagnosis of massive pulmonary embolism was made but he became hemodynamically unstable in a short time of period and died despite resuscitative efforts.



RA: Right atrium, RV: Right ventricle, TV: Tricuspid valve

Figure 1. Transthoracic echocardiogram. (A) Apical 4-chamber view of the right heart: A free-floating, worm-like thrombus moving through the right ventricle (arrow). (B, C) Apical 2-chamber views of the right heart: an image of thrombus in the right atrium (arrows). (D) Modified parasternal short axis view: No thrombus in the right heart

A free-floating, worm-like thrombus: Movie 1, moving through the right ventricle in apical 4-chamber view; Movie 2, moving freely in the right atrium in apical 2-chamber view. Movie 3, No thrombus in the right heart with dilated right ventricle in modified parasternal short axis view

Video clips are available at www.kosuyolukalplerdgersi.com.

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