INTRACARDIAC THROMBOTIC COMPLICATIONS

Image in cardiology

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A 50-year-old man was admitted electively to undergo an ablation for his typical atrial flutter. He had had a prosthetic bileaflet mitral valve replacement 5 years ago and was on Warfarin since then. At routine follow-up clinic 4 months ago he complained of decreased effort tolerance and was found to be in mild cardiac failure and atrial flutter with rapid ventricular rate which did not settle on standard medications. Prior to the ablation procedure which is accompanied by the same risks of thromboembolism as any other mode of cardioversion (electrical or chemical) and given his poor anticoagulant track record with INRs swinging between 1.7 and 3.5, transoesophageal echocardiography was

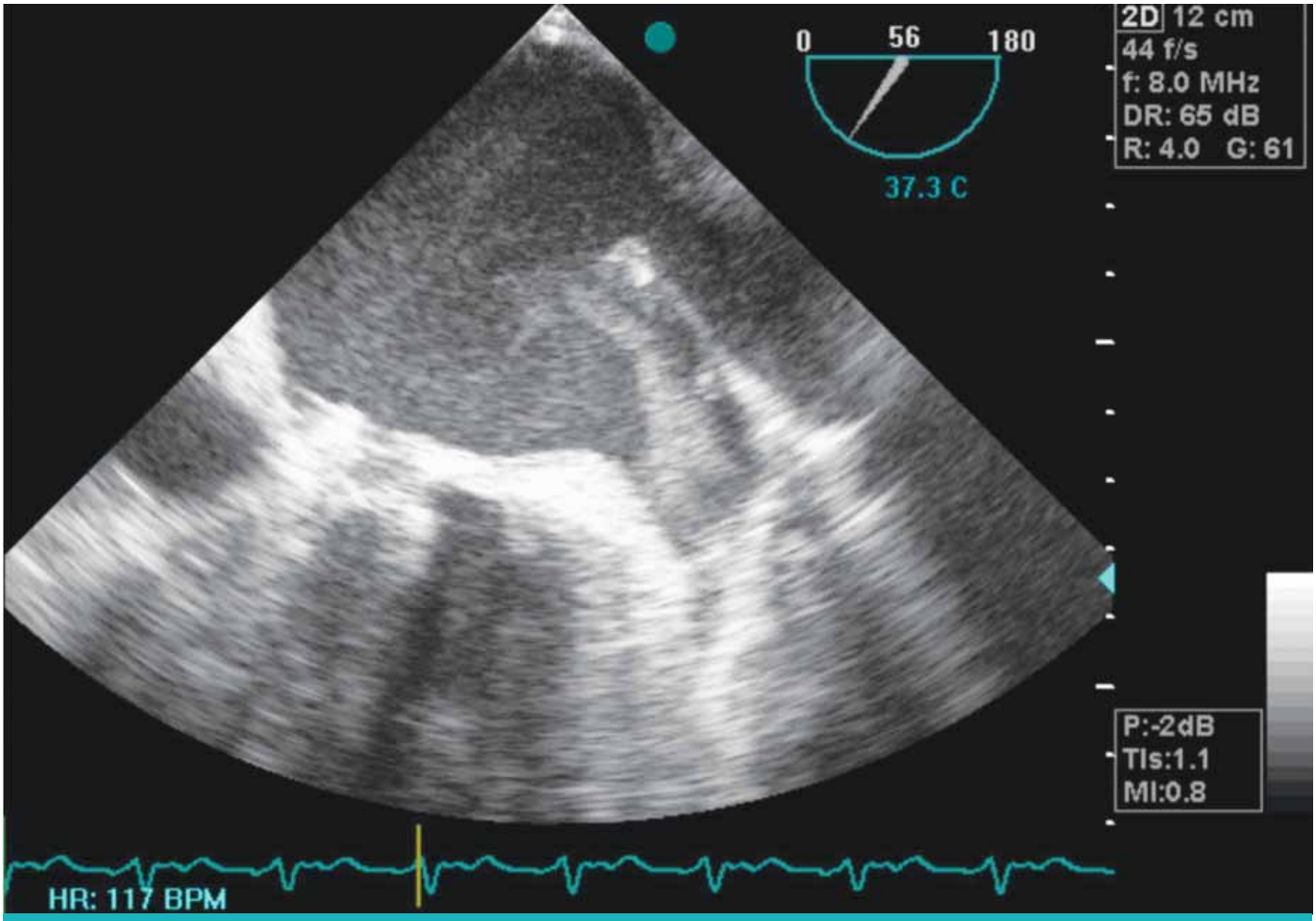

FIGURE 1: The transoesophageal echocardiogram.

done to ascertain whether there was intracardiac thrombus. A wobbling echodense mass was found near the opening of the left atrial appendage (Figure 1). In addition, the mitral valve appeared to have one leaflet stuck in the closed position. This was confirmed on fluoroscopic screening of the mitral valve (Figure 2).

This case illustrates: (1) Any patient with a prosthetic valve should have a malfunction of the valve actively excluded if he presents with any new or worsening symptoms of cardiac failure and new arrhythmias. This is even if another cause seems obvious, such as poorly controlled atrial flutter in this case, and despite apparent normal prosthetic valve auscultatory findings. (2) Unless the anticoagulation levels are known to have been stable in the therapeutic range, if a procedure is to be done that may be associated with an increased risk of thromboembolism, screening for intracardiac thrombosis is indicated.

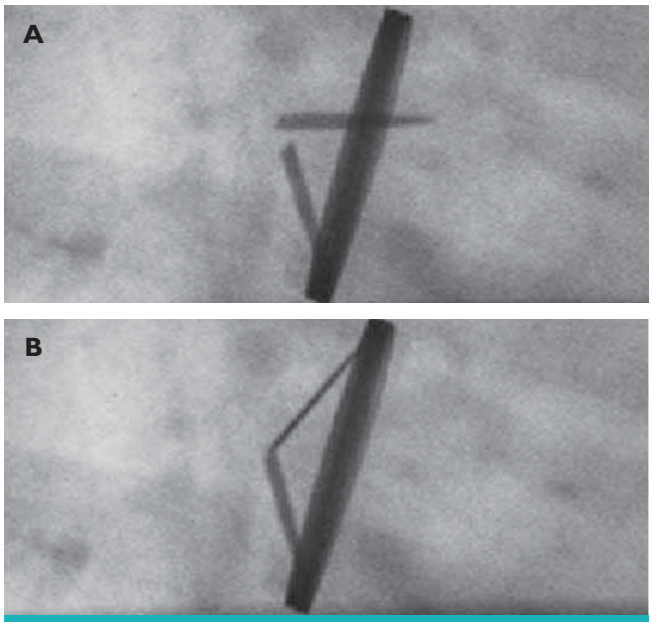

FIGURE 2: X-ray screening of the malfunctioning mitral prosthetic bi-leaflet valve: A is in diastole and B is in systole showing one leaflet stuck in the closed position and the other fully mobile.

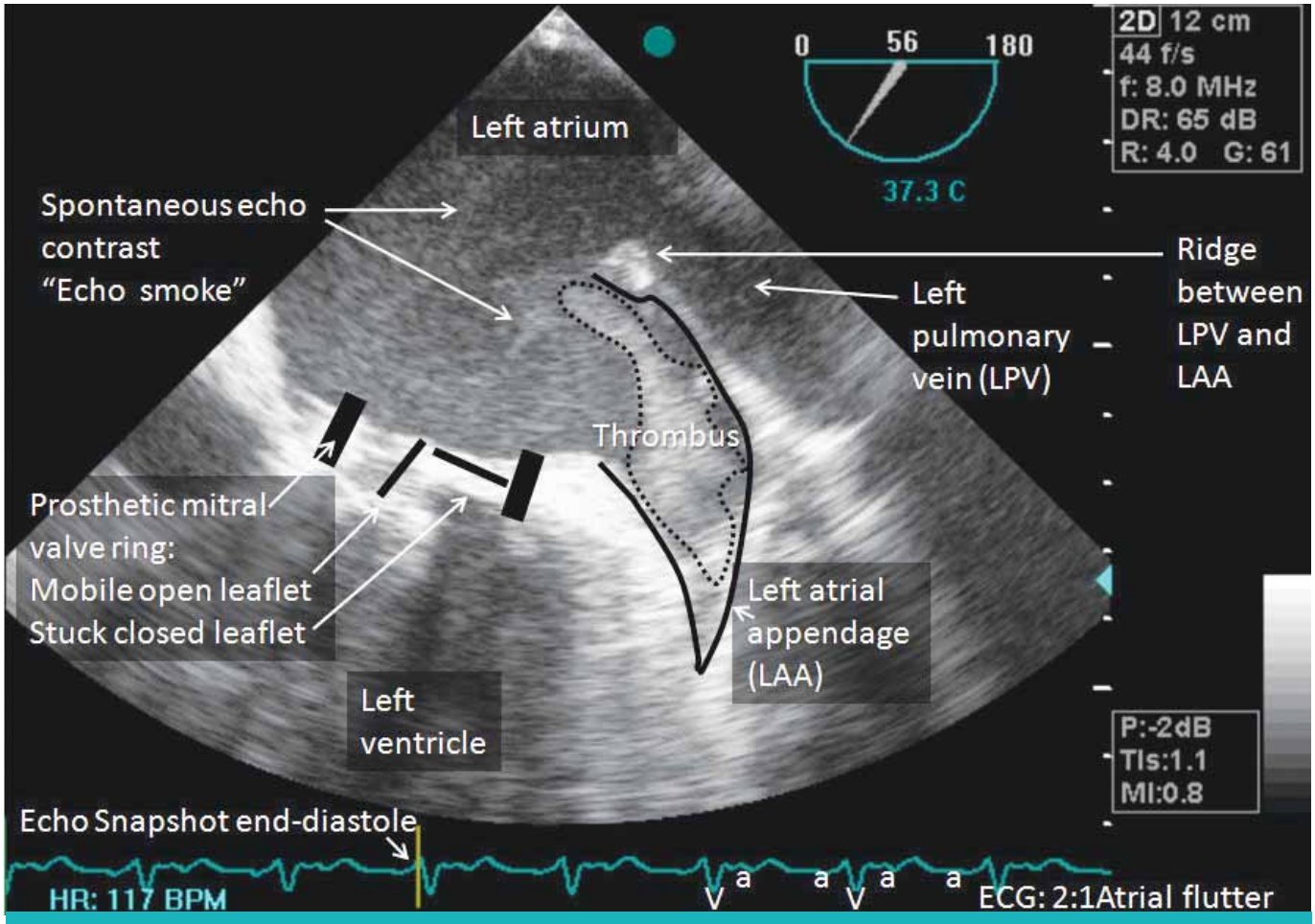

FIGURE 1: The transoesophageal echocardiogram explanatory figure.