Mitral Stenosis with Left Atrial Thrombi

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FIG. 1 Apical four-chamber view shows huge echogenic density (arrow) suggestive of thrombi located at the posterolateral aspect of the left atrium.

A 56-year-old woman presented with shortness of breath and palpitation that had been present for 3 months. She had no prior history of systemic embolism. Physical examination re-

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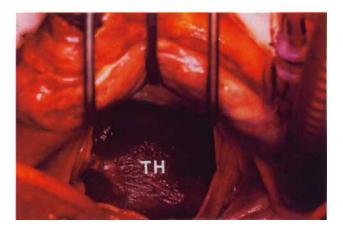


FIG. 2 Operative finding revealed well-organized thrombi located in the left atrium.

vealed a chronically ill appearance with malar flush, accentuated Sl, and diastolic rumble at the apex. The electrocardiogram revealed atrial fibrillation with rapid ventricular response and right axis deviation. Transthoracic echocardiography in the apical four-chamber view revealed a heavily calcified and stenotic mitral valve with huge left atrial thrombi (Fig. 1). These findings were confirmed at surgery (Fig. 2). Mitral valve replacement and left atrial thrombectomy were performed. The patient subsequently recovered and was uneventfully discharged days later.

Reference

Shrestha NK, Moreno FL, Narciso FV, Torres L, Calleja HB: Twodimensional echocardiographic diagnosis of left-atrial thrombus in rheumatic heart disease. A clinicopathologic study. *Circulation*. 1983; 67:341–347