

CASE IMAGE

Tubular thrombus-in-transit detected initially on computed tomography scan

İlk olarak bilgisayarlı tomografi taramasında saptanan gezinen tübüler pıhtı

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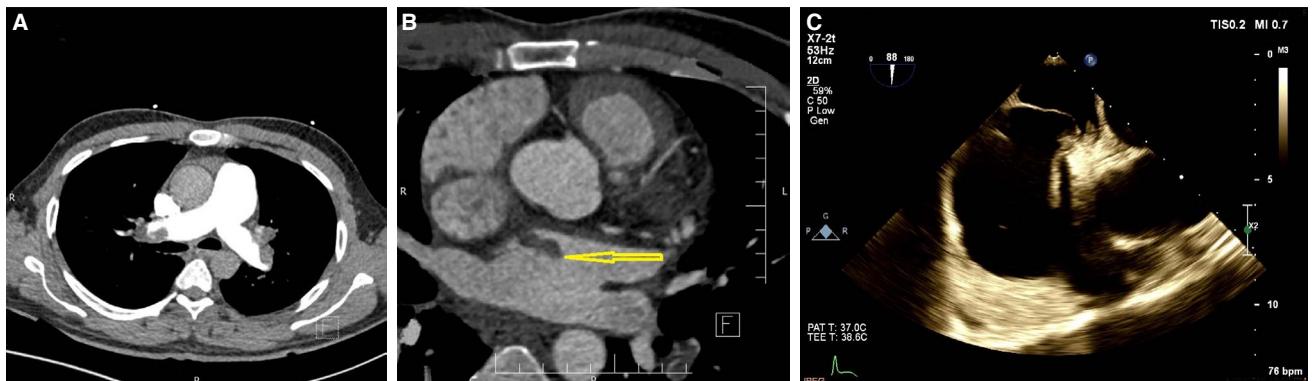
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A 51-year-old man presented at the hospital with the chief complaint of dyspnea on exertion (New York Heart Association functional class III) for 3 days' duration. Physical examinations yielded insignificant findings. Electrocardiography demonstrated a right-axis deviation and incomplete right bundle branch block with a T-wave inversion in leads V1-V3. Limited transthoracic echocardiography in the emergency department showed right ventricular enlargement; accordingly, pulmonary computed tomography angiography was performed, which revealed bilateral pulmonary thromboemboli (Fig. A). There was also a tubular mass crossing the interatrial

septum (Fig. B). Transthoracic echocardiography was repeated by a cardiologist who was highly experienced in echocardiography. It revealed normal left ventricular size and function, severe right ventricular enlargement with moderate systolic dysfunction, right atrial enlargement, severe tricuspid regurgitation, and an estimated systolic pulmonary pressure of 108 mmHg. Due to the poor transthoracic echocardiography window, no mass was detected. Transesophageal echocardiography, however, demonstrated a large tubular mass (42x8 mm) passing a patent foramen ovale and suggestive of a thrombus-in-transit (Fig. C & Video 1*). The patient's clinical history revealed no identifiable cause for the pulmonary thromboemboli, suggesting an idiopathic etiology for this event. He was referred for the surgical removal of the thrombus-in-transit, and he received heparin and then warfarin in the postoperative period. The presence of a thrombus-in-transit should be kept in mind by physicians involved in the interpretation of images of patients with pulmonary thromboembolism.



Figures– (A) Bilateral pulmonary thromboemboli in a pulmonary computed tomography (CT) angiography image; **(B)** Large tubular thrombus (arrow) observed passing through a patent foramen ovale on a CT scan; **(C)** Large tubular thrombus (arrow) crossing the patent foramen ovale seen in the modified bicaval view of transesophageal echocardiography. IAS: Interatrial septum; LA: Left atrium; RA: Right atrium. *Supplementary video files associated with this presentation can be found in the online version of the journal.