

CASE IMAGE

Rare source of cardioembolism: transient ischemic attack in a patient with Lambl's excrescence*Nadir kardiyoembolizm kaynağı: Lambl yumrulu hastada geçici iskemik atak*

Semi Öztürk

Tuğba Aktemur*

Muhsin Kalyoncuoğlu

Gündüz Durmuş

Mehmet Can

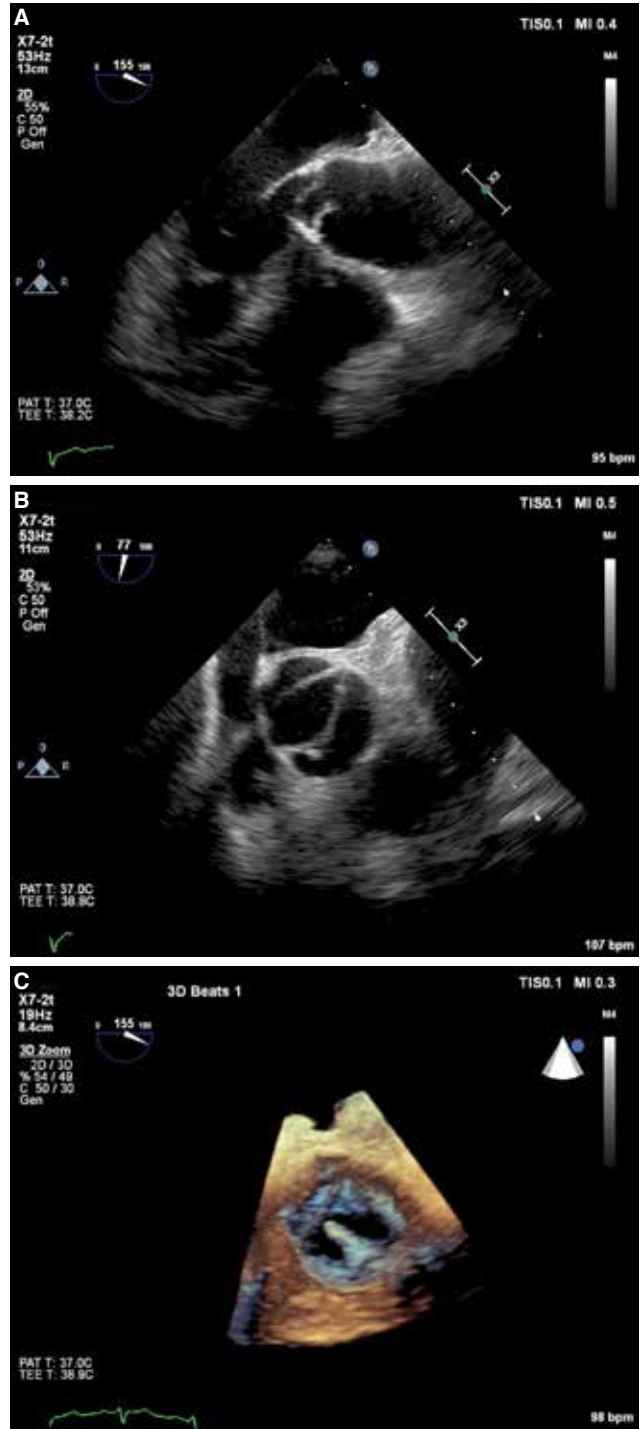
Department of Cardiology,
Haseki Training and Research
Hospital, İstanbul, Turkey*Department of Cardiology,
Kurtköy Ersoy Hospital, İstanbul,
Turkey

A 42-year-old man was referred to cardiology department due to transient ischemic attack 2 days prior. Dysarthria and left hemiparesis resolved 3 hours after admission. He did not have history of any disease or conventional risk factors, including smoking. Physical examination was normal. Electrocardiography showed sinus rhythm.

Laboratory tests were normal. Carotid artery Doppler examination did not reveal any source of embolization. No episode of paroxysmal atrial fibrillation was observed in 24-hour Holter monitoring. Transthoracic echocardiography revealed bicuspid aortic valve with oscillating fibrillar structure. Transesophageal echocardiography (TEE) exposed 1 x 6 mm strand originating from free edge of aortic cusp (Figure A, B) (Video 1, 2*). 3D TEE depicted long, thin structure of strand, supporting diagnosis of Lambl's excrescence (Figure C) (Video3*). Patient was followed-up with anticoagulation. Altered hemodynamic forces may cause micro tears in bicuspid aortic valve and lead to fibrin formation, which may then become fibrous strands after delineation from endothelium. It is a controversial topic; however, Lambl's excrescences may cause cerebral embolism in rare instances. Fibroelastoma, which more often causes embolization, remains the most important differential diagnosis. Vegetation is unlikely in present case due to absence of associated symptoms. Intact structure of aortic valve excluded possibility of infective endocarditis. Patient did not undergo surgery; therefore, we do not have pathological examination. However, 3D TEE enabled differentiation of Lambl's excrescence from fibroelastoma. Long, thin, filiform structure attached to closure line was evident, and fibroelastomas are bulky papillary projections. We decided to follow-up with anticoagulation since altered aortic flow may cause further emboli, despite lack of



sufficient evidence comparing anticoagulation and antiaggregation. Physicians should take Lambl's excrescences into account in patients with cerebral embolization.



Figures– (A, B) Transesophageal long- and short-axis views showing long, thin strand attached to closure line of bicuspid aortic valve. **(C)** 3D TEE image confirming Lambl's excrescence. *Supplementary video files associated with this presentation can be found in the online version of the journal.