

Giant left ventricular thrombus extending into the left ventricular outflow tract

Sol ventrikül çıkış yoluna uzanan dev sol ventrikül trombusü

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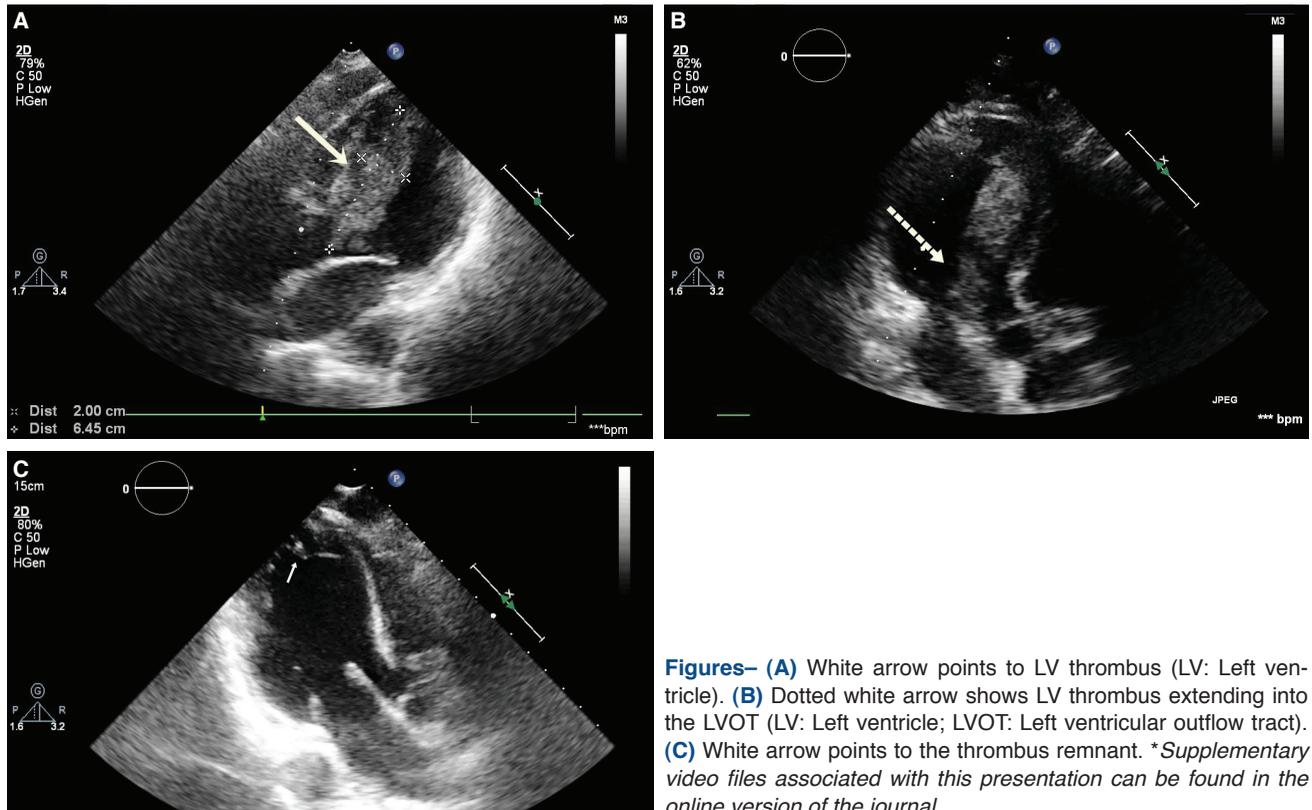
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Left ventricular thrombi can be seen during myocardial infarction, particularly involving the anterior and apical region. This case presents a 58-year-old male homeless diabetic patient in a hyperglycaemic non-ketotic coma, who had sepsis, acute stroke due to multiple cerebral emboli,

left renal artery embolus and acute myocardial infarction with an left ventricular ejection fraction (LVEF) of 40%. Despite moderate LV dysfunction, there was a giant mobile LV thrombus measuring 2.0x6.4 cm originating from the apical

region and extending to the LV outflow tract (LVOT) along the septal wall (Figure A, B, Video 1a, b*). The distal part of the mass was moving up to the aortic valve with systole and dropping back to the LVOT with diastole. However, Doppler investigation did not show any LV outflow obstruction. Any intervention was deemed high risk due to the patient's current status and he was transferred to the intensive care unit for anticoagulation and other supportive measures. Control echocardiography performed two weeks later revealed a very small thrombus confined to the apical region with dramatic improvement in the status of the patient (Figure C, Video 2*). A very large thrombus can develop in a patient with moderate LV dysfunction. Hypercoagulable states such as sepsis, diabetes and severe dehydration may play a role in these circumstances.



Figures– (A) White arrow points to LV thrombus (LV: Left ventricle). **(B)** Dotted white arrow shows LV thrombus extending into the LVOT (LV: Left ventricle; LVOT: Left ventricular outflow tract). **(C)** White arrow points to the thrombus remnant. *Supplementary video files associated with this presentation can be found in the online version of the journal.