Left atrial appendage thrombosis discovered by transthoracic echocardiography

A 65-year-old Caucasian female with a prior history of mitral valve replacement with a mechanical prosthesis was admitted to the emergency room of our hospital complaining of exertional dyspnea and left eye amaurosis fugax. A laboratory panel showed her international normalized ratio to be suboptimal (1.8).

Figure 1  Transthoracic echocardiogram: (a) 4-chamber view showing a huge left atrium (*); (b) giant left atrial appendage (+).

Figure 2  Transthoracic echocardiogram: 4-chamber off-axis view, showing severe left atrial appendage enlargement with smoke and a massive thrombosis of the fundus.

Figure 3  Computed tomography of the chest, axial view, confirming the transthoracic echocardiographic findings.

A transthoracic echocardiogram (TTE) showed a normally functioning prosthetic mitral valve and a huge left atrium (volume approximately 500 ml) (Figure 1a, *); moving from the apex to the midaxillary line from an off-axis view (Figure 1b, +), a giant left atrial appendage (LAA) appeared presenting severe enlargement with smoke and a massive thrombosis of the fundus (Figure 2).

Computed tomography of the brain and of the chest was performed soon after to exclude ischemic stroke or pul-

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Pulmonary embolism, with a negative result and confirming the TTE findings (Figure 3).

The patient was diagnosed with a transient ischemic attack and LAA thrombosis and admitted to our intensive care unit to be started on heparin infusion.

**Conflicts of interest**

The authors have no conflicts of interest to declare.

**Appendix A. Supplementary material**

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.repc.2021.06.017.