Case presentation

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I have no disclosures.
Clinical history & examination

• 52 yr old male patient.
• Diabetic but not hypertensive
• C/O: Left heart failure symptoms rapidly increasing over days to NYHA class IV.
• O/E:
  • Irregularly irregular rapid arterial pulse.
  • Normal overall intensity of S$_1$ & S$_2$.
  • Faint diastolic murmur on the apex.
  • Bilateral basal inspiratory crepitations.

ECG

• Atrial fibrillation with a ventricular response of about 120 b/m.
What is the DD so far?

A. LA thrombi  
B. LA myxoma (with cystic degeneration) & thrombus  
C. LA hemangioma & thrombus  
D. Others?

What is the DD now?

A. LA thrombi  
B. LA myxoma (with cystic degeneration/necrosis) & thrombus  
C. Others?
Management plan

• Prudent diuresis to alleviate symptoms.
• Anticoagulation was started (Warfarin + LMWH bridge).
• Pre-operative CA was decided contemplating surgery.

F/U 2 months later

• CA was normal.
• F/U TTE was done...
In retrospect

Both masses must have been thrombi that were lysed on anticoagulant therapy!
Take home messages

• Different imaging modalities are complementary; echocardiography being the “gate-keeper”.
• Although CMR has the known strength of “tissue characterization”, signal characteristics of some masses overlap e.g. a fresh thrombus can mimic a myxoma which can preclude differentiation.
• F/U imaging can be critical in selected cases.
• Thombo-embolism might indeed occur despite a low risk by CHA$_2$DS$_2$VASc score!

Thank you!