Thrombus in a normal left ventricle

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Figure 1. Left ventricular mass in different views.

A 47-year-old woman known to have mixed connective tissue disease and hypertension, presented with acute right leg pain requiring urgent right common femoral artery embolectomy with

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fasciotomy. During the immediate postoperative period, full-dose heparin and oral anticoagulant therapy were started. An echocardiogram revealed an echo-dense mass in the left ventricular cavity, but no additional cardiac abnormality (figure 1). On the sixth day of admission the patient developed a cerebrovascular accident with echocardiographic disappearance of the left ventricular mass.

Left ventricular (LV) thrombi usually occur in the presence of impaired LV function such as dilated cardiomyopathy, aneurysm or following a myocardial infarction. Rarely, other causes such as antiphospholipid antibody syndrome,¹ protein C deficiency,² cardiac trauma, *Salmonella* septicaemia, myeloproliferative disorders³ and eosinophilic endocarditis⁴ can give rise to LV thrombi. Cases of LV thrombi occurring with-

out any obvious heart disease have also been reported.⁵ Currently transthoracic echocardiography is the standard diagnostic procedure for the diagnosis of LV thrombus; however, the use of echo contrast agents has been shown to improve the diagnostic yield in patients with suboptimal images, including obesity, chronic pulmonary disease and critically ill patients on respirators.⁶ The aetiology of our patient's LV thrombus remains uncertain and cannot be assessed due to ongoing medication treatment. However, a probable cause could be secondary antiphospholipid antibody syndrome associated with mixed connective tissue disease. ■

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