Left ventricular thrombus

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A 65-year-old man had recurrent angina pectoris eight years after a Q wave anterior myocardial infarction. He had no signs of heart insufficiency. An electrocardiogram showed a sinus rhythm, QS waves in precordial leads and intraventricular conduction delay. Catheterization demonstrated three-vessel coronary artery disease.

He had a dilated left ventricle (end-diastolic volume of 330 mL) with severely depressed systolic function (ejection fraction of 22%) due to a thin-walled aneurysm (arrowheads in Figure 1) in the anterior and apical segments (Video 1). In these segments, transmural delayed hyperenhancement (arrowheads in Figure 1) was present after an intravenous bolus of 0.2 mmol/kg gadolinium diethylenetriamine pentaacetic acid. A large mural thrombus was depicted in the left ventricular apex (arrows in Figure 1) (1).

The patient underwent an aneurysmectomy along with coronary artery bypass grafting of the right coronary artery and the circumflex artery. His postoperative course was uneventful and four months later, he was healthy.

REFERENCE

1. Mollet NR, Dymarkowski S, Volders W, et al. Visualization of ventricular thrombi with contrast-enhanced magnetic resonance imaging in patients with ischemic heart disease. *Circulation* 2002;106:2873-6.

Figure 1

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Received for publication February 5, 2009. Accepted March 23, 2009