CLINICAL SNAPSHOT

Simultaneous Diagnosis of Embolisms in the Pulmonary and Systemic Circulation

A 72-year-old man with dyspnea and fever underwent 10 days' hospital treatment for suspected pneumonia. Seven days after discharge he was admitted to Cologne University Hospital with left-sided hemiplegia. Magnetic resonance imaging showed cerebral ischemia in the area supplied by the posterior cerebral artery. Routine transesophageal echocardiography detected a highly mobile thrombus in transit which passed from the right to the left atrium via a persisting foramen ovale (PFO) (*Figure*). The patient's dyspnea progressed and thoracic computed tomography angiography was carried out. This revealed a bilateral central pulmonary artery embolism, leading to retrospective classification of the initial pneumonia as infarction pneumonia. Immediate heparinization was followed by emergency thrombectomy/embolectomy in combination with closure of the PFO. Further investigation disclosed a lower extremity deep vein thrombosis. The patient was anticoagulated and referred for clinical and echocardiographic follow-up (among other reasons, to check for the development of pulmonary hypertension).

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Transesophageal echocardiography in modified bicaval projection demonstrates a thrombus (arrow) in transit between the right atrium (RA) and the left atrium (LA).