




Egyptian Society of CARDIOLOGY

Minia University Suez University Zagazig University

45TH
45th Annual International Congress of the
EGYPTIAN SOCIETY OF CARDIOLOGY
CardioEgypt 2018

Case presentation

Amr E I Abouelnour, MD
Lecturer of Cardiovascular Medicine—Assiut University
SCMR Level III certified CMR practitioner



I have no disclosures.

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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.



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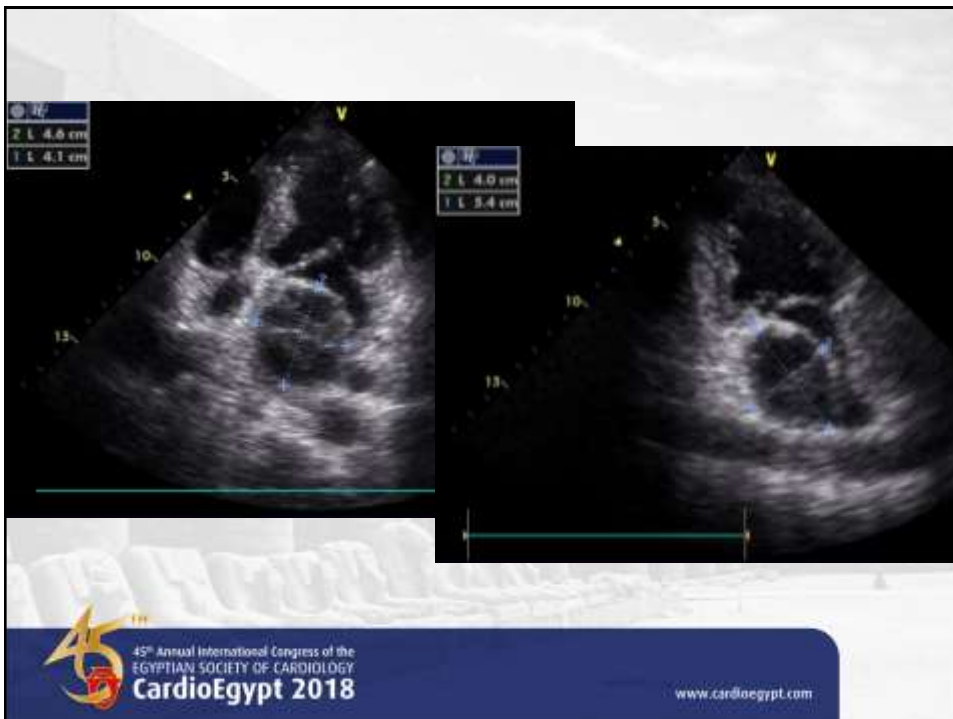
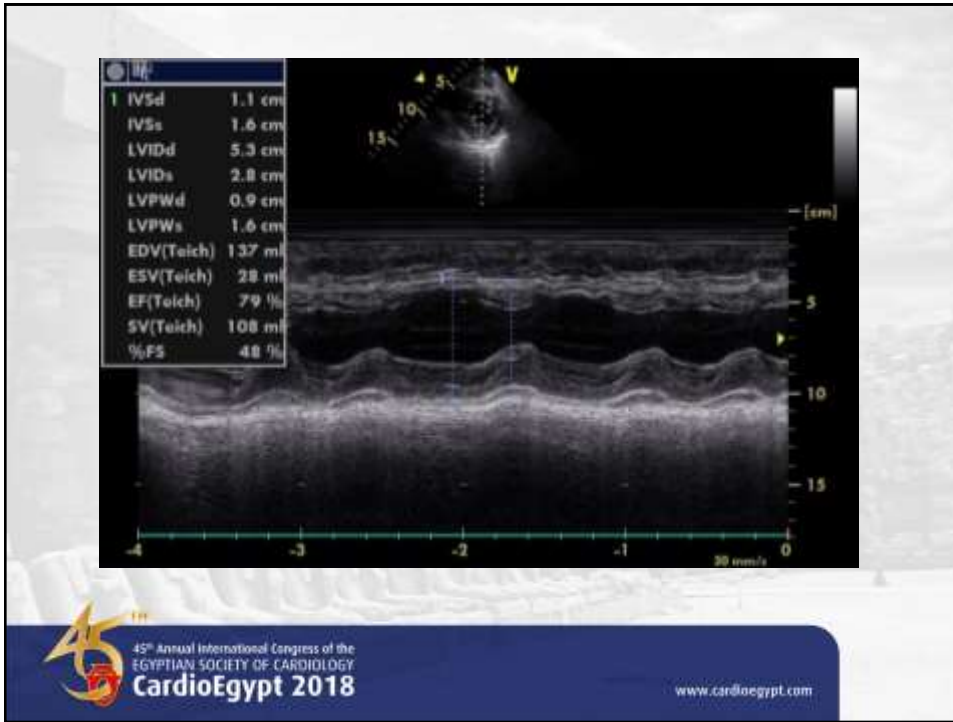
ECG

- Atrial fibrillation with a ventricular response of about 120 b/m.

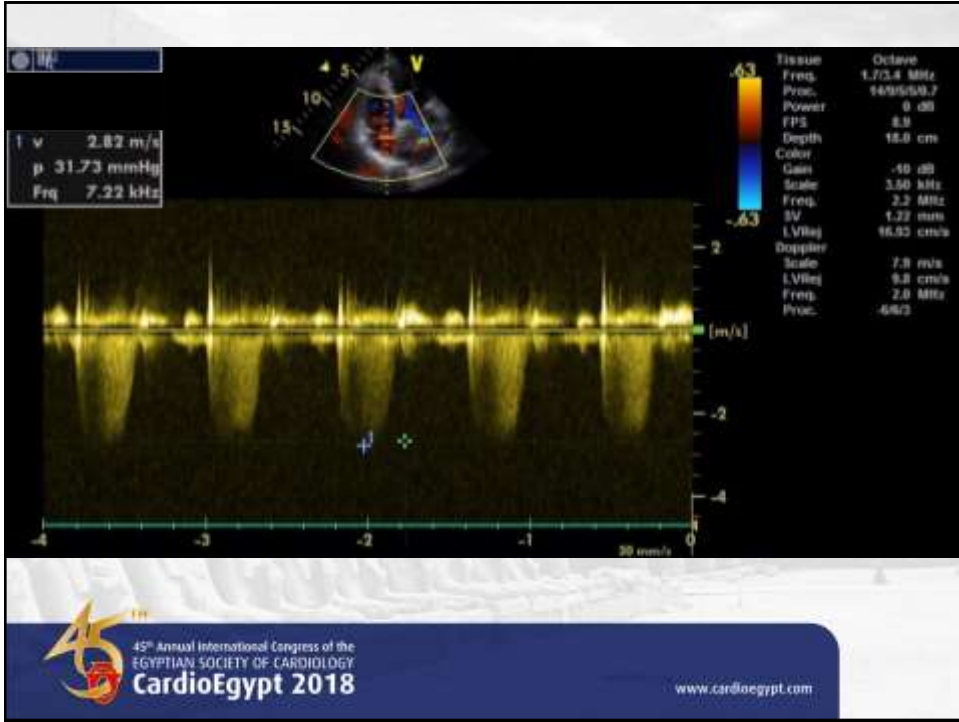


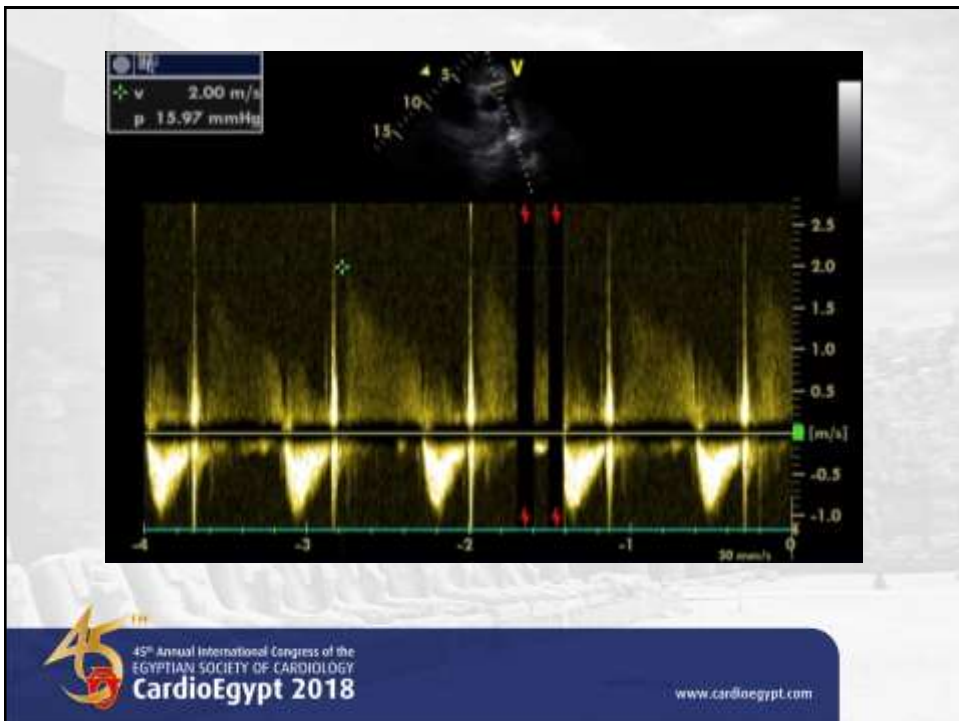
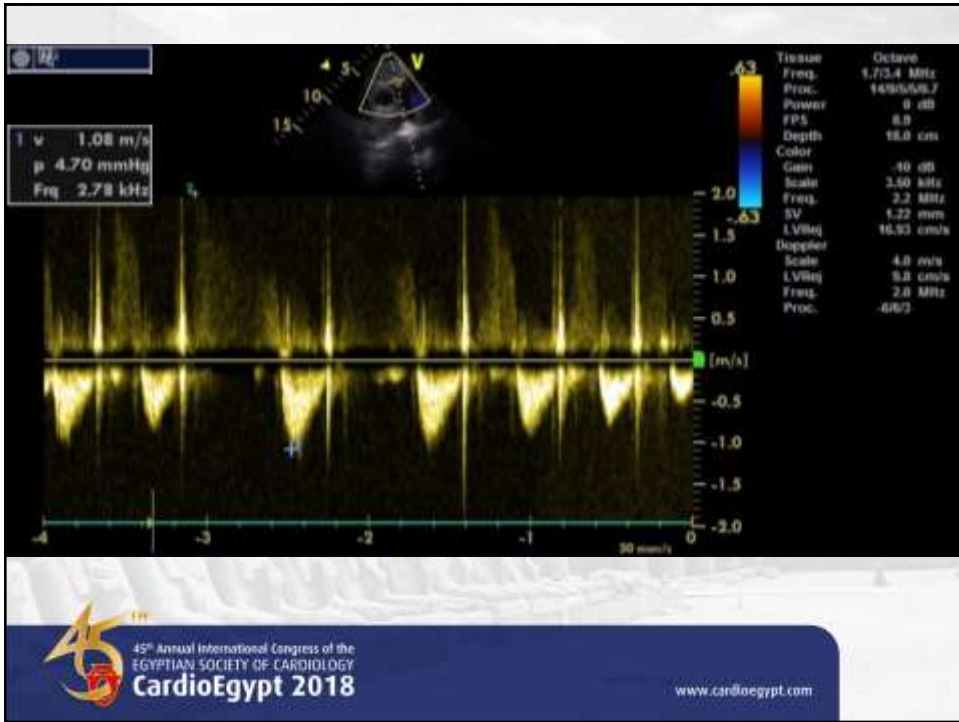
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What is the DD so far?

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



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What is the DD now?

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



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Management plan

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



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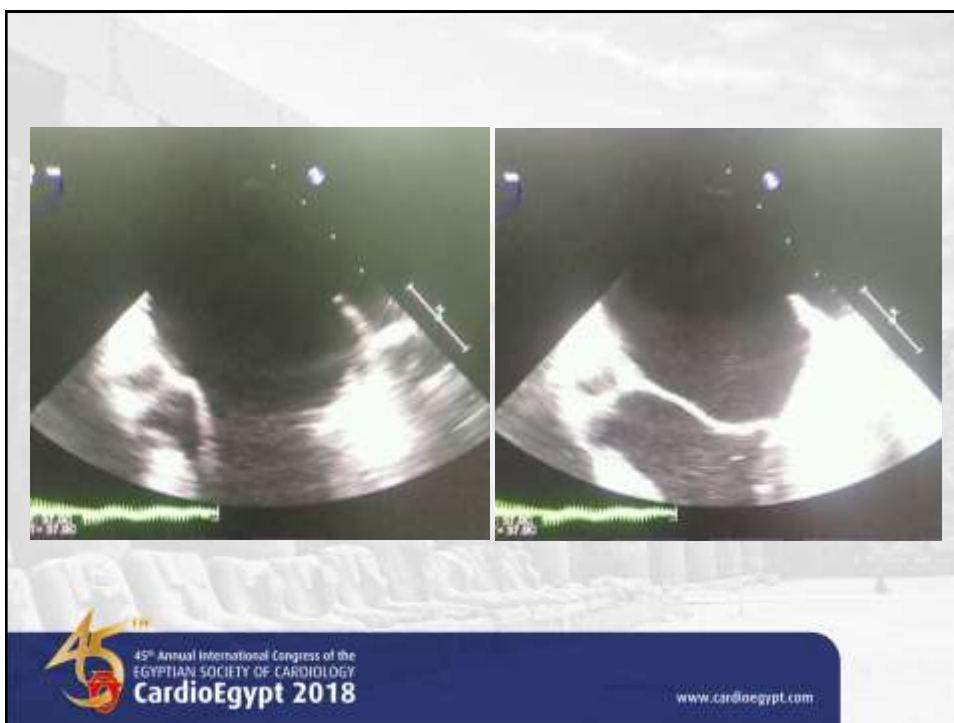
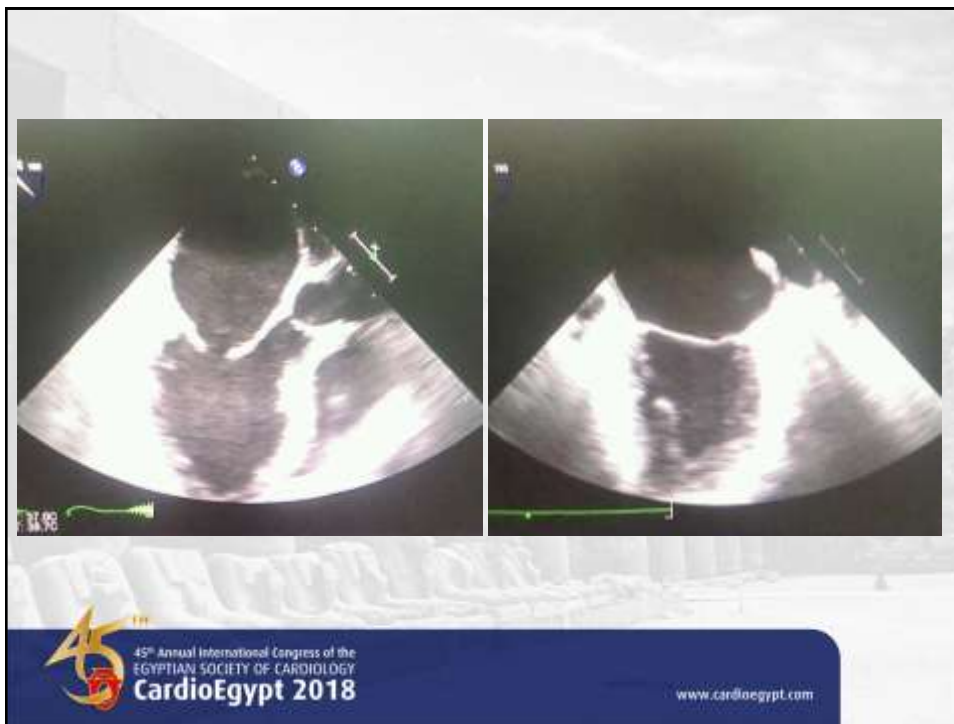
F/U 2 months later

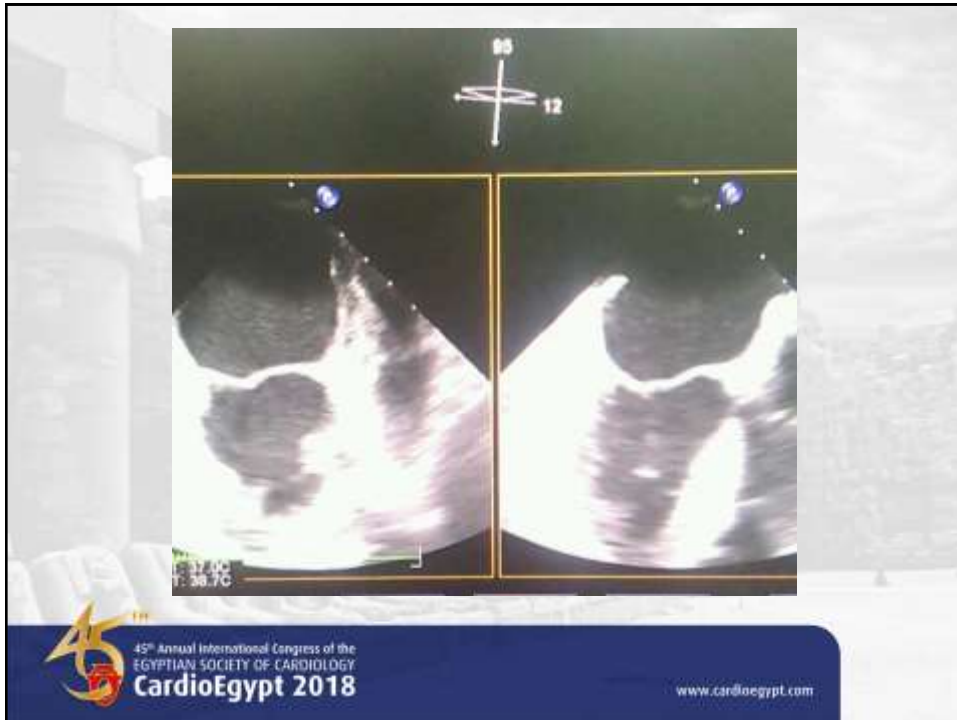
- CA was normal.
- F/U TTE was done...



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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 CHA₂DS₂VASc score!



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Thank you!



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amr.abunnoor@gmail.com



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