Pictorial CME

Thrombus in Transit

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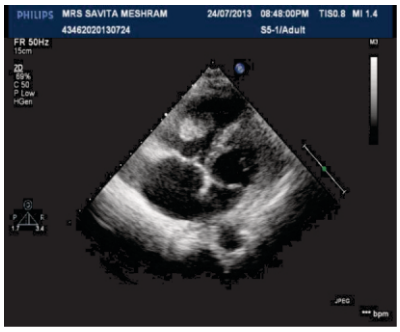
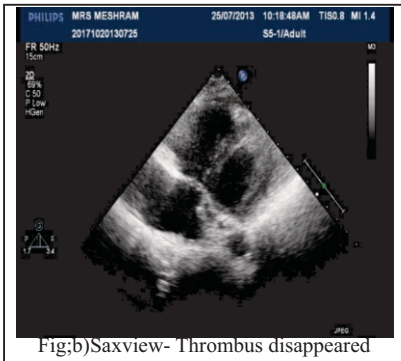


Fig:a) Saxview- Floating Thrombus in RV Cavity



Fig;b)Saxview- Thrombus disappeared from RV Cavity

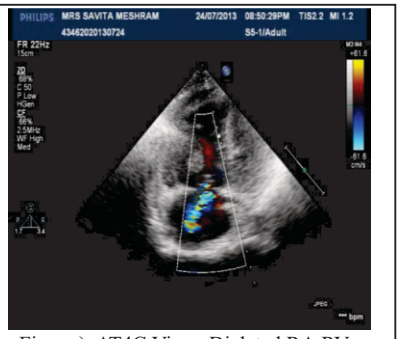
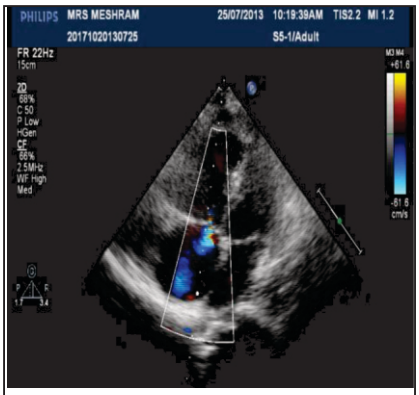


Fig: c) AT4C View- Dialated RA,RV, Thrombus in RV Cavity and Moderate TR

Thrombus in transit is a rare finding. It is defined as a right heart thrombus which is unattached to any intra-cardiac structure. It is very unusual to see such thrombus in transit. When identified, thrombi in transit are commonly associated with pulmonary embolism or paradoxical systemic embolism when an intra-cardiac shunt is present. Diagnosis of this entity has been reported almost exclusively with echo-cardiography and the estimated in hospital mortality of thrombus in transit is thought to exceed 45%. A 40 years old female patient who was k/c Ca Gallbladder with secondaries in liver on chemotherapy was admitted with acute onset breathlessness. On clinical examination she had tachycardia, dysponea left lower limb oedema. Homan's sign was positive. On CVS examination P2was loud and short systolic murmur of Tricuspid regurgitation was auscultable. 2DEcho showed dilated RA, RV, severe RV dysfunction, mild Tricuspid regurgitation, severe PH (pasp 75 mm of hg).Along with these findings another most interesting finding was large floating thrombus in RV cavity. Sr. D dimer levels were high. Considering these findings diagnosis of pulmonary embolism was made. She was thrombolised with injectable STK IV 5 lakh bolus and 80,000 IU/hr. Review 2DEcho after 24 hours revealed disappearance of RV thrombus, improvement in RV function with fall in PASP to 60 mm of hg; which means either thethrombus in RV cavity was completely degraded or embolised distally in pulmonary circulation. The patient was later treated with oral anticoagulants with regular OPD follow up.



Fig; d) AT4C View- RV Thrombus disappeared and Mild TR

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References:

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3. Galrino A, Cruz T, Loureiro J. Free floating thrombus in right atrium and pulmonary thromboembolism. Rev Port Cardiol. 2003;22:531–540.

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