

MASSIVE MURAL AORTIC ARCH THROMBUS.

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Abstract

Mural aortic thrombus is a rare pathology that is more frequently seen in severe atherosclerotic aortic walls, in aneurysms and acute aortic syndrome(1). However this can be found in patients without aortic disease, and be responsible for systemic or cerebral emboli. A 54-year-old male was admitted to our institution for syncope and aphasia, he was found in the street with ethylic intoxication. After neurological examination mixed type aphasia was observed, cerebral and supra aortic arteries CT angiography were performed. Cerebral CT showed focal filling defect of left middle cerebral artery. Supra aortic arteries CT angiography was completed with toracoabdominal CT because massive ascending and arch thrombus was found. The thrombus measured 130 x 33 x 15 mm (Figures 1A and 1B and 1C), and covered from mid ascending aorta to 40 mm distal to the ostium of left subclavian artery. The patient was referred to our unit for urgent surgical treatment. Surgery was performed throw median sternotomy, cardiopulmonary bypass with moderate hypothermic arrest and antegrade cerebral perfusion via right axillary artery. Longitudinal aortotomy was made and 140 x 30 x 15 mm thrombus (Figure 2), attached to posterior mid ascending aorta, was found and resected, the aortic wall did not show any abnormality. The patient had an eventful recovery and was discharged 9 days later with oral anticoagulation and aspirin.

Subject category: Images in Cardiac Surgery

TITLE:

MASSIVE MURAL AORTIC ARCH THROMBUS.

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Running head : Massive aortic arch thrombus.

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CONFLICT OF INTEREST: None declared.

Written informed consent was obtained from the participant of the study.

Keywords

Massive aortic arch thrombus * Circulatory arrest * Cardio pulmonary bypass *

MAIN TEXT

Mural aortic thrombus is a rare pathology that is more frequently seen in severe atherosclerotic aortic walls, in aneurysms and acute aortic syndrome(1). However this can be found in patients without aortic disease, and be responsible for systemic or cerebral emboli.

A 54-year-old male was admitted to our institution for syncope and aphasia, he was found in the street with ethylic intoxication. After neurological examination mixed type aphasia was observed, cerebral and supra aortic arteries CT angiography were performed. Cerebral CT showed focal filling defect of left middle cerebral artery. Supra aortic arteries CT angiography was completed with toracoabdominal CT because massive ascending and arch thrombus was found. The thrombus measured 130 x 33 x 15 mm (Figures 1A and 1B and 1C), and covered from mid ascending aorta to 40 mm distal to the ostium of left subclavian artery. The patient was referred to our unit for urgent surgical treatment. Surgery was performed throw median sternotomy, cardiopulmonary bypass with moderate hypothermic arrest and anterograde cerebral perfusion via right axillary artery. Longitudinal aortotomy was made and 140 x 30 x 15 mm thrombus (Figure 2), attached to posterior mid ascending aorta, was found and resected, the aortic wall did not show any abnormality. The patient had an eventful recovery and was discharged 9 days later with oral anticoagulation and aspirin.

FIGURE LEGEND:

Figure 1 : Red star shows massive arch thrombus measuring 130 x 33 x 15 mm in chest CT-scan, axial view (A); sagittal view (B); Coronal view(C). CT:computed tomography.

Figure 2 : Intraoperative view after circulatory arrest and longitudinal aortotomy. Black star shows ascending aorta and aortic arch thrombus.

FIGURES:

Figure 1

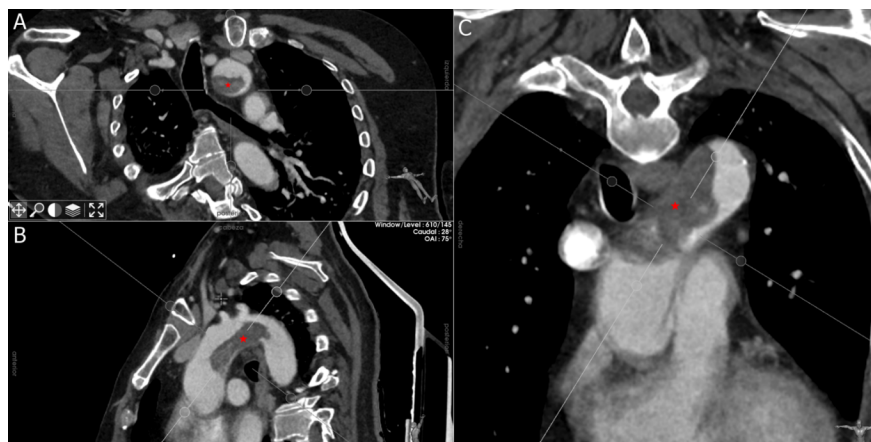
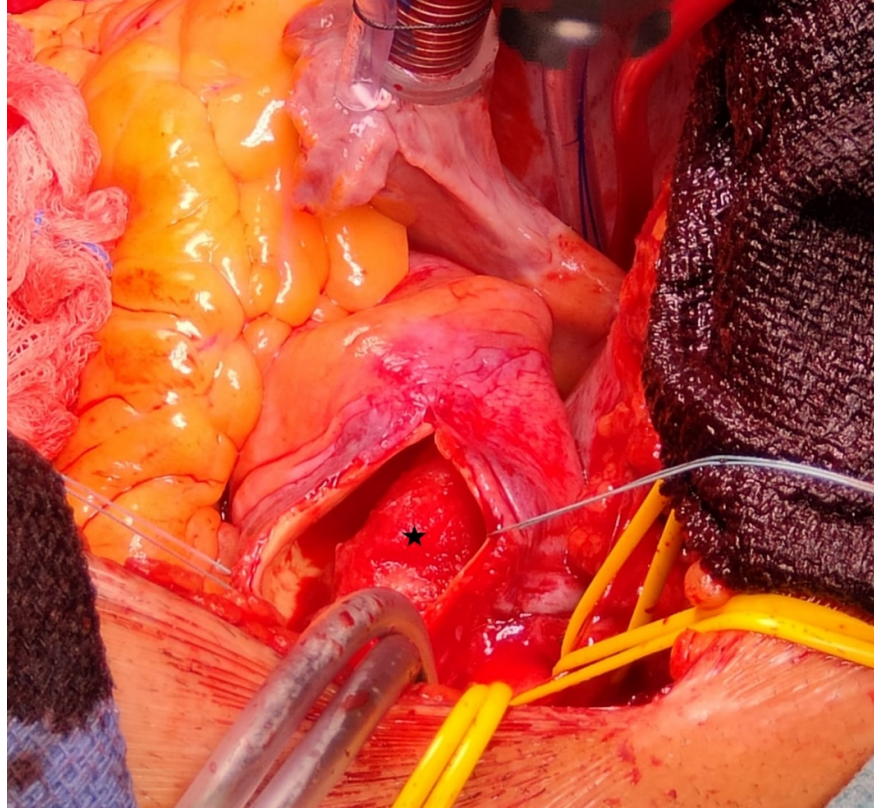


Figure 2



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