

An unusual case of biventricular thrombi

Tong Wang¹

Ying Xu¹

Jiayi Lin¹

Bolin Zhou²

Qing Zhang¹

Author details can be found
at the end of this article

Correspondence to:

Qing Zhang;
qzhang2000cn@163.com

A 44-year-old man presented to the emergency room with a 2-day history of acute chest pain. The patient had been diagnosed as having idiopathic dilated cardiomyopathy 4 months earlier and was on guideline-directed medical therapy. Computed tomography pulmonary angiography indicated acute bilateral pulmonary embolism. Vascular ultrasound detected no deep venous thrombus in the lower extremities but did find a filling defect in the right popliteal artery. Strikingly, transthoracic echocardiography revealed multiple thrombi in both ventricles (Figures 1a and b, Figure 2). However, the patient was in sinus rhythm and had no known history of atrial fibrillation. Laboratory tests excluded congenital and acquired thrombophilia, antiphospholipid antibody syndrome, haematopathy and autoimmune disease. Of note, with the absence of other underlying prothrombotic conditions, idiopathic dilated cardiomyopathy alone seldom leads to biventricular thrombosis. Moreover, in-situ right ventricular thrombi are rare causes of pulmonary embolism.

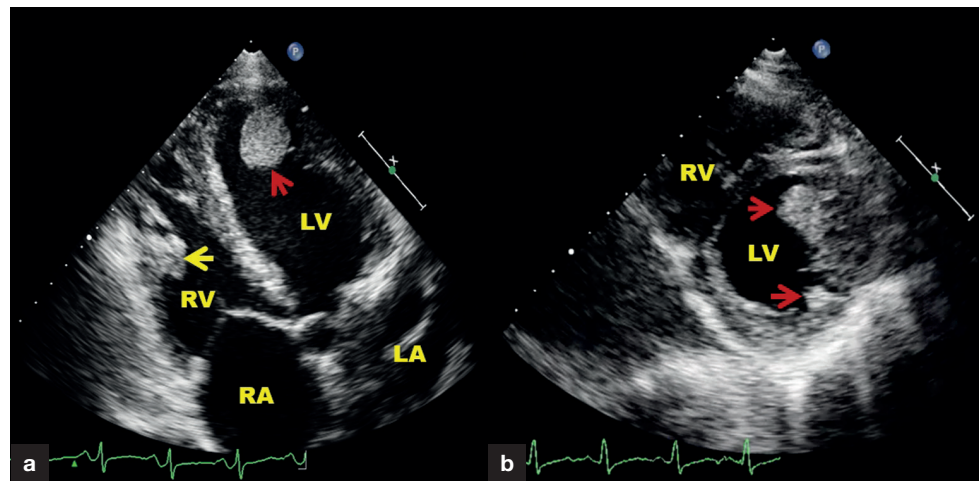


Figure 1. Multiple thrombi located in the left (red arrows) and right (yellow arrow) ventricles on (a) apical four-chamber view and (b) parasternal short-axis view at the apex by transthoracic echocardiography. LA = left atrium; LV = left ventricle; RA = right atrium; RV = right ventricle.

Figure 2. [hmed.2020.0130_Supplemental_Digital_Content.mp4]. Multiple thrombi located in the left and right ventricles on apical four-chamber view.

Author details

¹Cardiology Division, West China Hospital, Sichuan University, Chengdu, Sichuan, China

²Cardiology Division, Hospital of Chengdu Office of People's Government of Tibetan Autonomous Region, Chengdu, Sichuan, China

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