The Cardiac Origin of an Imminent Cerebral Embolization

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Clinical Image

A 72-year-old man suffering from severe aortic stenosis and persistent atrial fibrillation was scheduled for surgical aortic valve replacement (SAVR) and arrhythmia surgery. The use of dabigatran was ceased five days before the procedure. After induction of general anesthesia a transoesophageal echocardiogram (TOE) was performed. This revealed a stalked ovoid mass at the base of the left atrial appendage (LAA) (Panel A). Sternotomy was performed and the patient was supported with extra-corporal circulation. Due to the slightest surgical manipulation of the left atrium breakage of the stalk occurred. The mass migrated to the roof of the left atrium and made distracting movements towards the left ventricle hereby threatening with thromboembolic complications (Panel B). The mass was removed from the left atrium and was diagnosed as a thrombus (Panel C). Uncomplicated SAVR and arrhythmia surgery were performed. The LAA was closed at the base with an epicardial closure device (Panel D, arrow). The patient recovered well. A left atrial mass is a potential cause of thromboembolic events. This image showed the origin of an imminent embolization.
Panel C: Diagnosed as a Thrombus.

Panel D: Epicardial Closure Device.