

## Cardiac Imaging

## Pulmonary Embolism Complicated with Left-Sided Thrombus Entrapped Through Patent *Foramen Ovale*

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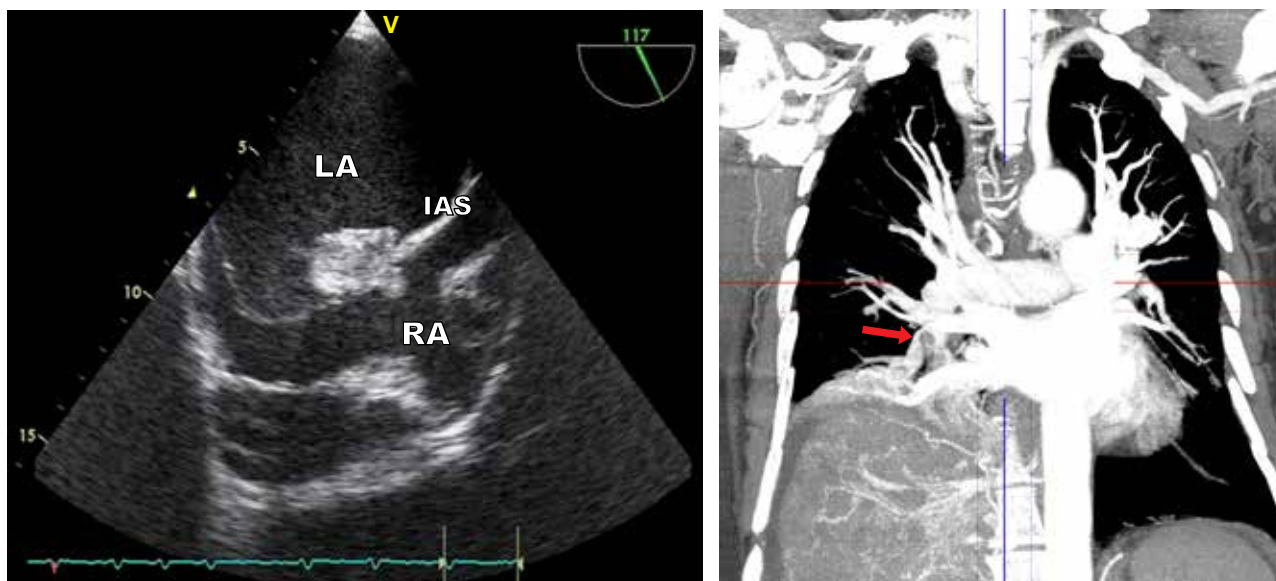
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**A** 56-year-old man with a history of hypertension and type 2 diabetes mellitus presented with palpitations and dyspnea for two months. Electrocardiography revealed atrial fibrillation with a rapid ventricular response. Transthoracic echocardiography detected spontaneous echo contrast in the left atrium and an echogenic mass adherent to the atrial septal aneurysm. Transesophageal echocardiography (TEE) demonstrated a large (1.5 × 1.7 cm) thrombus attached to the left side of the aneurysm, protruding into the right atrium via a patent *foramen ovale* (PFO) that acted like an atrial septal

defect (Figure 1A). Because of the high probability of pulmonary thromboembolism, pulmonary CT angiography was performed and a filling defect of the inferior segmentary branches of the right pulmonary artery was seen (Figure 1B). Since the patient refused surgical removal of the thrombus and PFO closure, he was anticoagulated with unfractionated heparin and then discharged on long-term anticoagulation with warfarin, without serious complications. Although atrial thrombus has been reported previously in the presence of PFO, this unusual extension of thrombus from left to right via PFO is rare.



**Figure 1.** A: Transesophageal echocardiographic view of a large ( $1.57 \times 1.71$  cm) thrombus in an atrial septal aneurysm entrapped through a patent *foramen ovale*. B: Pulmonary CT angiography showing a filling defect (arrow) representing pulmonary embolism. LA – left atrium; RA – right atrium; IAS – interatrial septum.