




Floating Thrombus in the Aortic Arch: Rare Images

Mohamed Reda Cherkaoui Jaouad, MD¹  Abdoulrazak Egueh Nour, MD¹ Amal Miqdadi, MD¹
Mohamed Mahi, MD¹ Nawal Bouknani, MD¹

¹Radiology department, Cheikh Khalifa International University Hospital, Faculty of Medicine, Mohammed VI University of Health and Sciences, Casablanca, Morocco

Address for correspondence Mohamed R.C. Jaouad, MD, Université Mohammed VI des Sciences de la Santé, Casablanca, Casablanca 82403, Morocco (e-mail: reda.cherkaoui.jaouad@gmail.com).

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Abstract

Aortic floating thrombus is a rare, life-threatening disease. Most cases of aortic thrombus are diagnosed after embolic events; however, on rare occasion we may diagnose this condition incidentally during routine examinations as in our case.

Keywords

- floating thrombus
- aortic arch
- CTA

A 76 year-old patient, with a history of ischemic cardiomyopathy and chronic smoking, presented with bilateral lower limb white edema (typical of heart failure) with New York Heart Association stage II dyspnea evolving over a period of 3 days, all in a context of apyrexia and conservation of general condition.

On examination, we found a conscious patient with bilateral sibilant rales.

The laboratory results showed high levels of plasma D-Dimer at 418 ng/mL (normal range < 250 ng/mL).

Computed tomography angiography (CTA) demonstrated a filling defect suggestive of a thrombus in an otherwise healthy appearing aortic arch (► **Fig. 1**).

After careful consideration, conservative treatment using oral anticoagulation (low-molecular-weight heparin) was preferred as the first choice since the patient was considered unfit for open aortic arch surgery given his advanced age, unfortunately the patient died a day after initiation of anticoagulation.

Aortic floating thrombus is a rare, life-threatening disease.¹ Most cases of aortic thrombus are diagnosed after

embolic events; however, occasionally we may diagnose this condition incidentally during routine examinations as in our case.² CTA identifies and localizes aortic thrombi and may disclose asymptomatic peripheral or visceral embolism.³

Conflict of Interest
None declared.

References

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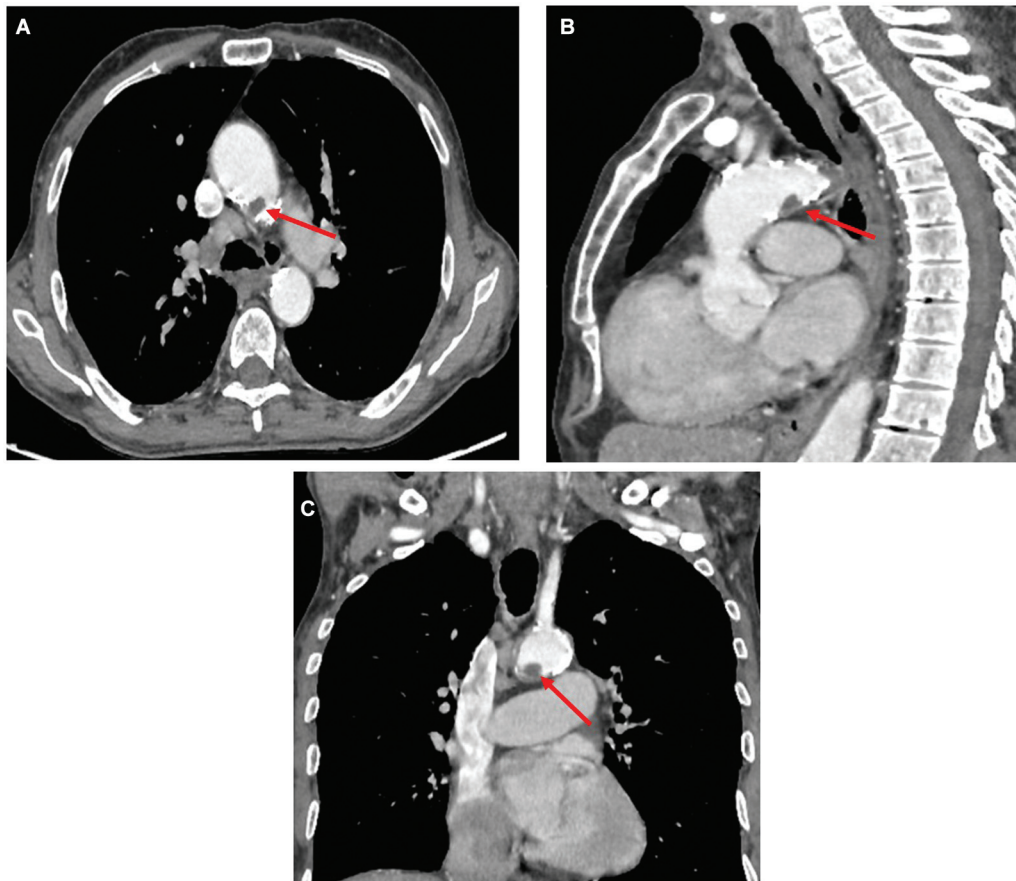


Fig. 1 A chest computed tomography angiography shows a mass lesion (red arrow) measuring 10×9 mm in the aortic arch on axial section (A), sagittal section (B), and coronal section (C).