




Floating Thrombus in the Aortic Arch: Rare Images

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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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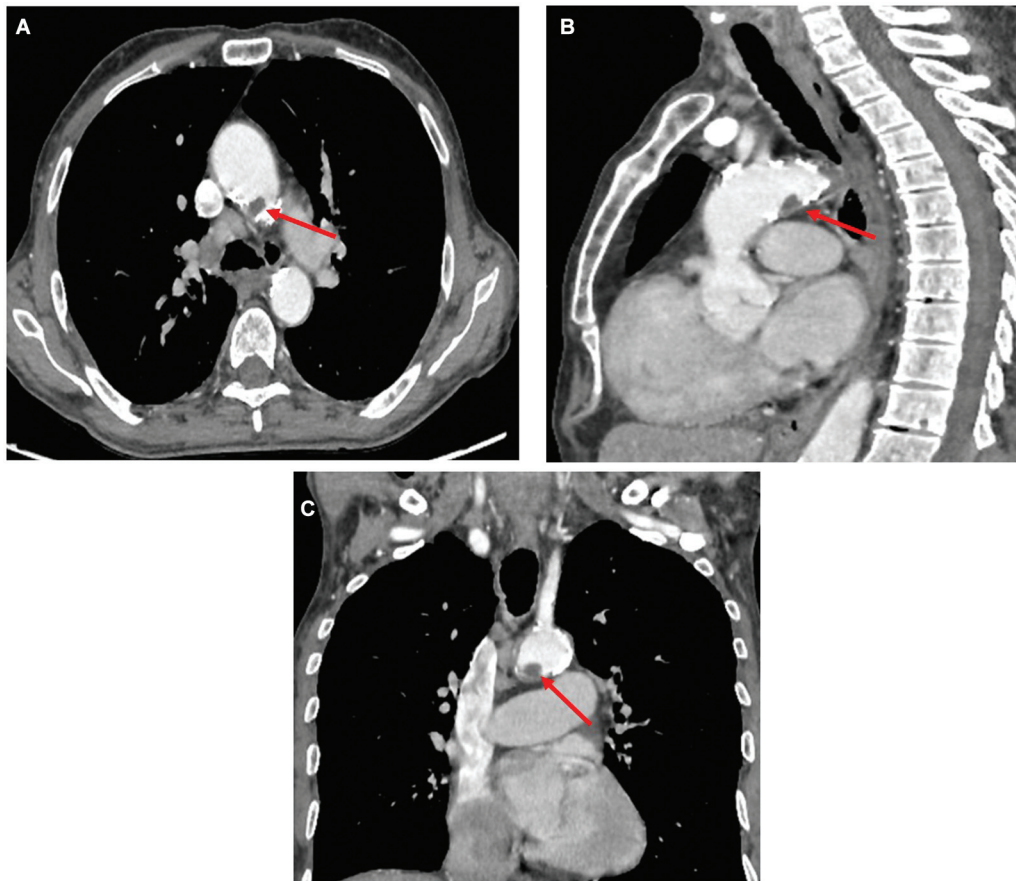


Fig. 1 A chest computed tomography angiography shows a mass lesion (red arrow) measuring 10 × 9 mm in the aortic arch on axial section (A), sagittal section (B), and coronal section (C).