Right atrial thrombus

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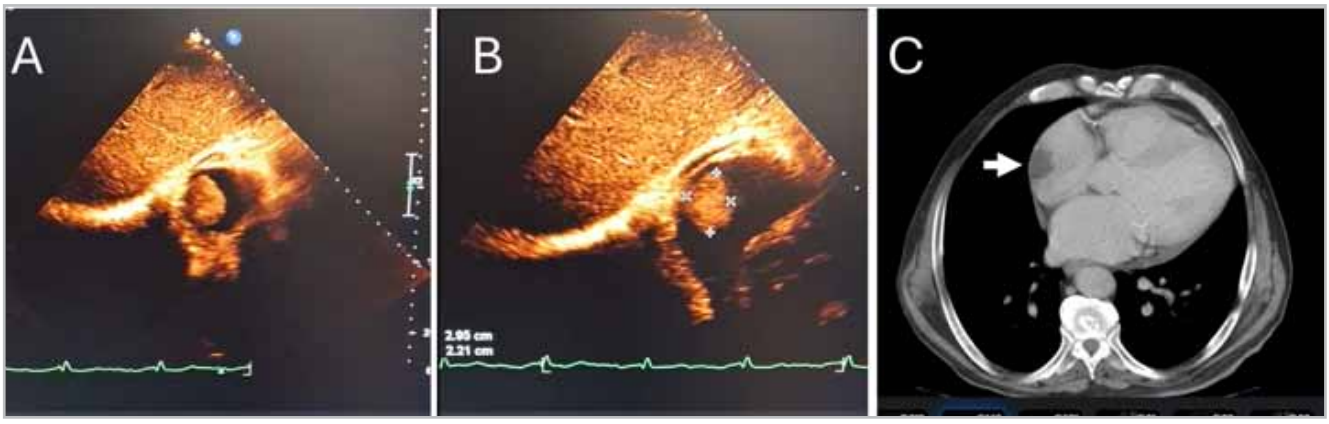


Figure 1. ***Echocardiographic images in a subcostal view.*** **A** *and* **B:** *showing a homogenous 2.95 x 2.21 cm mass with smooth borders and little mobility located within the RA, close to its roof. Simple and contrast CT:* **C:** *showed left chamber dilatation and an intracavitary filling defect in the RA, confirming an intracavitary thrombus (arrowhead).*

A male patient in his 70s consulted with a complaint of lower extremity edema and hypertension (160/95 mmHg). A holosystolic murmur was heard on auscultation. On echocardiography, his right atrium (RA) measured 47 × 61 mm, with a volume of 90 mL (40 mL/m² of body surface area), and he had a homogenous 2.95 × 2.21 cm mass with smooth borders and little mobility located near the atrial roof.

Simple and contrast computed tomography (CT) showed dilatation of the left heart chambers and an intracavitary filling defect in the RA, confirming the presence of an intracavitary thrombus.

The prevalence of right-sided cardiac thrombi detected by echocardiography ranges from 1 to 18% (1). Treatment includes anticoagulation, thrombolysis, and mechanical or surgical thrombectomy. Anticoagulation is the initial treatment; thrombolysis (2) is used to dissolve the clot in high-risk cases. For large thrombi or those with a high embolic risk, mechanical or surgical thrombectomy allows direct extraction when previous strategies are ineffective or contraindicated.

Keywords: *atrial thrombus, intracavitary thrombus, treatment.*

References

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