A 70-year-old man with ischemic dilated cardiomyopathy and a known right atrial mass, presumed to be thrombus, presented to the hospital with 3 weeks of fevers and chills. One year before this admission, transesophageal echocardiography had demonstrated a 3×3-cm mass in the right atrium, extending into the superior vena cava (Figure, panel a). The mass was contiguous with the tip of a Groshong catheter, which was used for home dobutamine infusion. Because of a high operative risk at that time, the patient had declined surgical resection of the right atrial mass. During the present hospital admission, the Groshong catheter was removed after 4 of 6 blood cultures grew Clostridium perfringens. The presumed source of the bacteremia was the patient’s oropharynx, because he had extremely poor dentition. Repeat transesophageal echocardiography demonstrated increased size of the mass with loss of echoes centrally and extensive shadowing posteriorly (panel b). CT of the chest revealed a gas-filled mass in the right atrium, occluding the superior vena cava and extending into the right brachiocephalic vein (panel c).

Given the presence of bacteremia with a known gas-producing organism, it is likely that the thrombus was infected with C perfringens. Considering the extensive nature of the thrombus and the patient’s underlying cardiomyopathy, surgical treatment was not feasible, and the patient was placed on long-term antibiotic therapy with penicillin and metronidazole. To the best of our knowledge, this is the first reported case of such a lesion.

From the Department of Internal Medicine, Division of Cardiology, William Beaumont Hospital, Royal Oak, Mich.

Correspondence to Pamela A. Marcovitz, MD, Director of Echocardiographic Research and Cardiology Fellowship, Division of Cardiology, William Beaumont Hospital, 3601 W Thirteen Mile Rd, Royal Oak, MI 48073-6769.

The editor of Images in Cardiovascular Medicine is Hugh A. McAllister, Jr, MD, Chief, Department of Pathology, St Luke’s Episcopal Hospital and Texas Heart Institute, and Clinical Professor of Pathology, University of Texas Medical School and Baylor College of Medicine.

Circulation encourages readers to submit cardiovascular images to Dr Hugh A. McAllister, Jr, St Luke’s Episcopal Hospital and Texas Heart Institute, 6720 Bertner Ave, MCI-267, Houston, TX 77030.

(Circulation. 1999;100:2119.)

© 1999 American Heart Association, Inc.

Circulation is available at http://www.circulationaha.org
Clostridium perfringens Within Intracardiac Thrombus: A Case of Intracardiac Gas Gangrene
Pertha S. Chowdhury, Steven B. H. Timmis and Pamela A. Marcovitz

Circulation. 1999;100:2119
doi: 10.1161/01.CIR.100.20.2119
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 1999 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/100/20/2119

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org/subscriptions/