A 36-year-old woman with a 3-week history of shortness of breath was admitted to the hospital after having suffered syncope. She also complained of left-sided leg pain. Duplex ultrasound revealed a right-sided proximal deep venous thrombosis and an occluded left popliteal artery. Echocardiography demonstrated a dilated right ventricle and tricuspid regurgitation with an estimated pulmonary systolic pressure of 80 mm Hg. Spiral CT demonstrated multiple central pulmonary emboli; cranial MRI showed multiple small infarcted zones; and transesophageal echocardiography (TEE) revealed a patent foramen ovale. After embolectomy of the left popliteal artery and a 10-day course of anticoagulation, follow-up echocardiography showed a possible thrombus in the right atrium. Therefore, TEE was performed, which revealed a thrombus ~10 cm long caught in the foramen ovale on its way to the left atrium (Figure 1). At emergent cardiac surgery, the thrombus was extracted (Figure 2), the persistent foramen ovale closed, and a vena cava filter inserted.
Migrating Thrombus Trapped in a Patent Foramen Ovale
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