A 75-year-old woman with a history of hypertension, rheumatoid arthritis, and nonvalvular atrial fibrillation (CHADS2 score=2) treated with dabigatran presented to the hospital with a 5-day history of fever and malaise and 1 episode of bright red blood per rectum. The patient had recently finished a course of oral antibiotics for a urinary tract infection and reported no residual urinary symptoms. Physical examination revealed a blood pressure of 138/90 mm Hg, a heart rate of 162 bpm, and a temperature of 40.5°C. Her jugular venous pressure was flat with normal heart sounds, a soft apical systolic murmur. ECG demonstrated atrial fibrillation with rapid ventricular response and no significant ST-segment abnormalities. The patient was subsequently admitted to the general medicine service for fever, uncontrolled atrial fibrillation, and anemia.

Dabigatran was held because of the gastrointestinal bleeding, and low-dose prophylactic subcutaneous heparin prophylaxis was initiated. The patient developed right lower-extremity swelling, and compression ultrasonography demonstrated an occlusive right proximal deep venous thrombosis. Persistent fever led to a transesophageal echocardiogram to rule out infective endocarditis. The transesophageal echocardiogram revealed normal biventricular function and a normal mitral valve with mild to moderate (2+) mitral regurgitation. A large 2.8×2.0-cm cavitated mass was seen in the left atrial appendage with an appearance consistent with thrombus (Figure and Movie I in the online-only Data supplement). No neurological sequelae or systemic emboli resulted, and the patient was initiated on low-molecular-weight heparin. Thrombocytopenia developed, with her platelet count decreasing from 317 to 67×10^9/L over the course of 2 days. An ELISA assay for heparin-induced thrombocytopenia was positive, but a functional assay was negative. Fondaparinux was initiated, with recovery of the platelet count before discharge on rivaroxaban 20 mg daily 3 weeks after her admission.

The cavitated morphology of the left atrial appendage thrombus has been described in a case report of a patient with rheumatic mitral stenosis and referred to as a “bird-beak” appearance.1 The cavitation is thought to reflect a rapidly growing thrombus. To the best of our knowledge, this is the first time a case of deep venous thrombosis and left atrial appendage thrombus has been described in the context of suspected heparin-induced thrombocytopenia.

Disclosures

None.

References

Cavitated Left Atrial Appendage Thrombus in Heparin-Induced Thrombocytopenia

Rajeev V. Rao and Luc M. Beauchesne

*Circulation*. 2014;129:e392
doi: 10.1161/CIRCULATIONAHA.113.007833

*Circulation* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2014 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/129/11/e392

Data Supplement (unedited) at:
http://circ.ahajournals.org/content/suppl/2014/05/01/129.11.e392.DC1
http://circ.ahajournals.org/content/suppl/2014/05/01/129.11.e392.DC2

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/
Movie Legend

**Movie 1.** Mid-esophageal TEE view of the left atrial appendage demonstrating a cavitary mass consistent with thrombus. Best viewed with Windows Media Player.
Movie Legend

**Movie 1.** Mid-esophageal TEE view of the left atrial appendage demonstrating a cavitary mass consistent with thrombus. Best viewed with Windows Media Player.