A 56-year-old man was admitted with progressive dyspnea that started suddenly the previous day. Physical examination was normal. Pulmonary embolism was diagnosed on a computed tomography scan of the chest, which showed intraluminal filling defects in both pulmonary arteries and in the branches for the right lower lobe; it also showed a clot in the right atrium (Figure 1). Duplex ultrasonography revealed an underlying deep-vein thrombosis of the left popliteal vein.

Transthoracic echocardiography showed a fluttering thrombus trapped in the patent foramen ovale with floating parts in the right and left atrium (Figure 2; see Movies I and II in the online-only Data Supplement). Anticoagulant therapy with unfractionated heparin was started.

During the stay in the hospital, he started to suffer from a headache. The neurological examination was negative. Magnetic resonance imaging was performed, and it showed multiple supraventricular and ventricular hyperintense areas compatible with ischemic lesions (Figure 3). A second echocardiography revealed the dissolution of the thrombus (Figure 4). The patient was discharged in good clinical condition 11 days later and continued to receive anticoagulant therapy.

**Disclosures**

None.
Figure 2. Transthoracic echocardiography shows a fluttering thrombus trapped in the patent foramen ovale with floating parts in the right and left atrium. A, Long axis; B, short axis.

Figure 3. Magnetic resonance imaging in T2 multiple supraventricular and ventricular hyperintense areas.

Figure 4. Transthoracic echocardiography reveals the dissolution of the thrombus. A, long axis; B, short axis.
Fluttering Thrombus in Patent Foramen Ovale With Paradoxical and Cerebral Embolism
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Circulation. 2014;129:e343-e344
doi: 10.1161/CIRCULATIONAHA.113.008301
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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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/129/8/e343

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Movie Legend

Movies 1A,1B. Transthoracic echocardiography at admission, which shows a fluttering thrombus trapped in the patent foramen ovale with floating parts in the right and left atrium. 1A long axis; 1B short axis. Best viewed with Windows Media Player.

Movies 2A,2B. Second transthoracic echocardiography, which revealed the complete dissolution of the thrombus: 2A long axis; 2B short axis. Best viewed with Windows Media Player.