

Case Report

Noncompaction of Left Ventricle with Multiple Thrombi

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Introduction

A 60 years male was admitted to Sultan Qaboos University hospital in Aug 2019.

As a case diabetic foot, cellulitis, osteomyelitis with suspected stroke and heart failure and referred to cardiology for evaluation and the optimization of heart failure medication.

Pt was seen by Cardiology and planned for echocardiography and angiography due to new-onset heart failure. Angiography of the patient showed moderate disease with no significant stenosis that requires stenting.

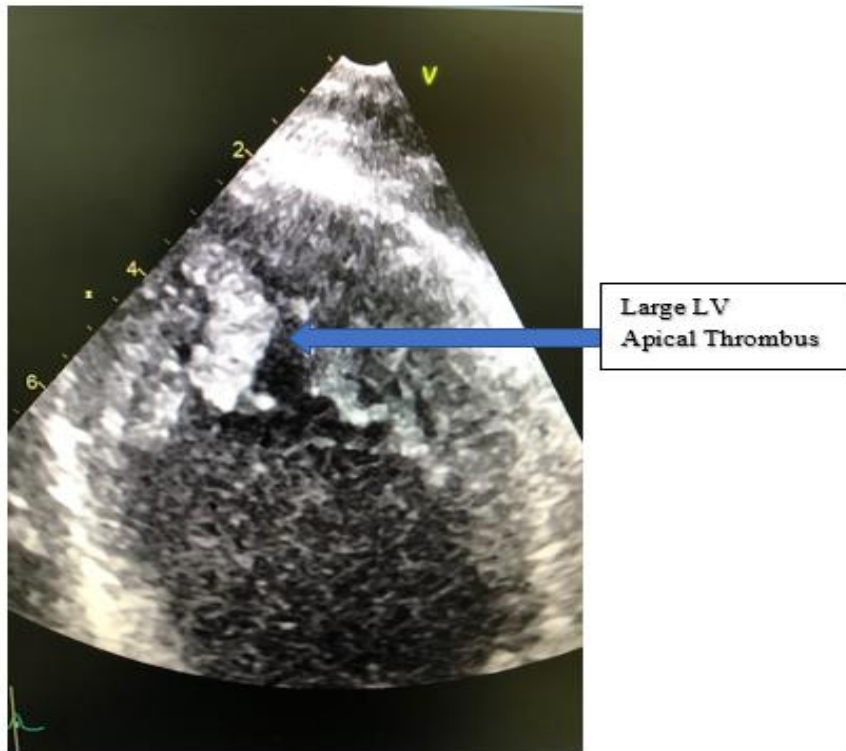


Figure 1

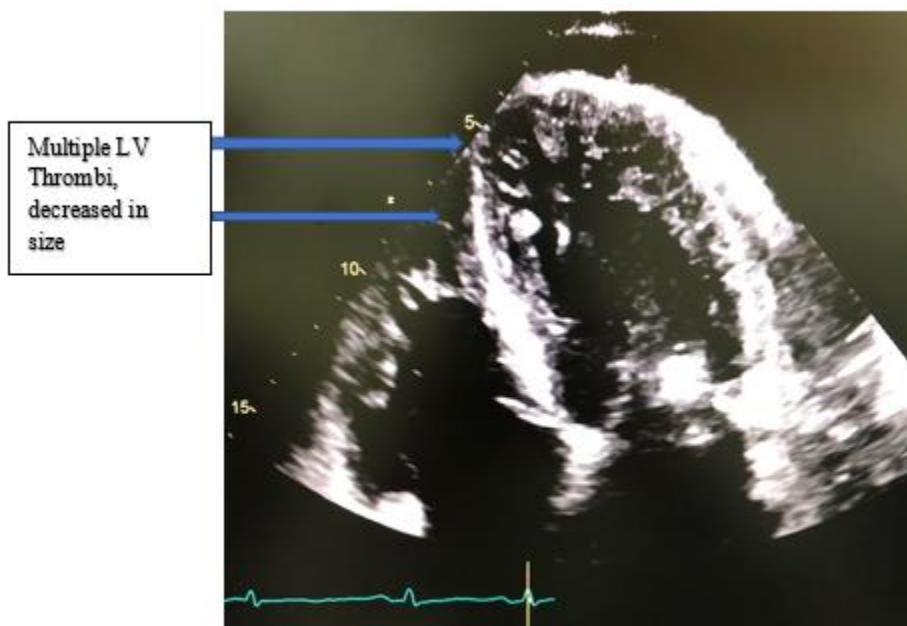


Figure 2

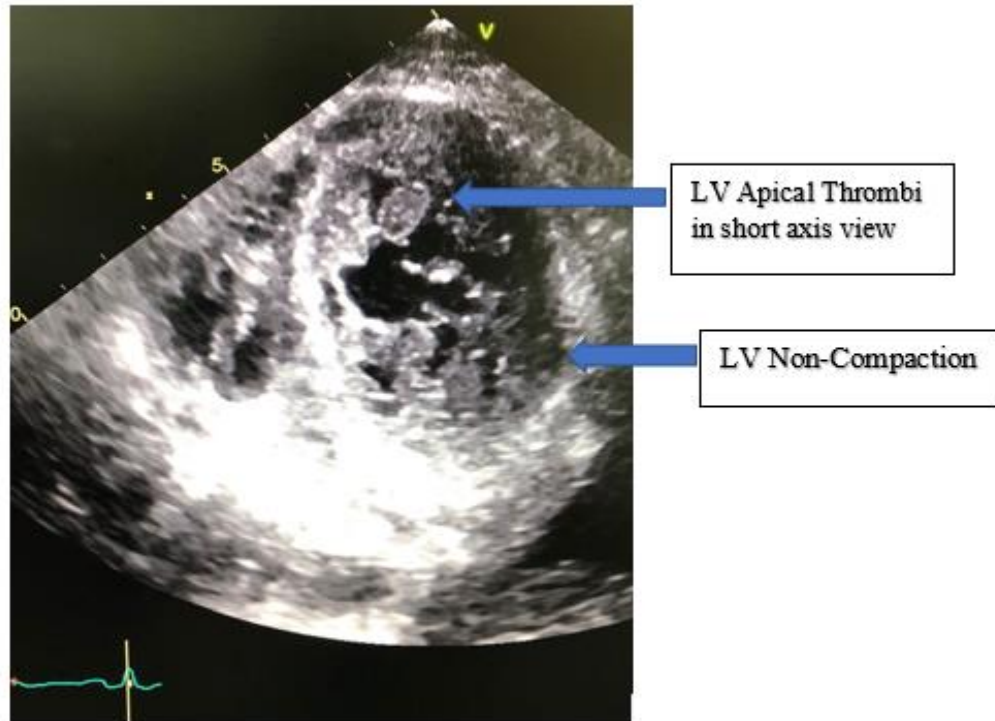


Figure 3

From the echocardiography's perspective:

Transthoracic echocardiograms (TTE) (Figs. 1 and 2) showed a hyper trabeculated, sponge-like appearance of the myocardium that involved the apical, inferior apical, and septal segments of the LV. The patient's LV systolic ejection fraction was 20% with severely dilated RV and severely reduced RV systolic function. Another echocardiogram revealed blood flow in deep intertrabecular recesses (Fig .3). One large mobile, homogeneous, echo dense structures were identified in the LV in the apical noncompacted segment (dimensions, 1.1 × 3.4 cm). Follow up transthoracic echocardiograms revealed 2 additional mobiles, echo dense structures, possibly thrombi, between the deep myocardial recesses. The patient was started on Rivaroxaban.

Conclusion

In this report, we describe a case of a patient who had noncompaction cardiomyopathy who had multiple LV thrombi diagnosed after experiencing a stroke. This finding suggests patients are having reduced LV function with noncompaction of LV and might benefit from anticoagulation therapy specially Rivaroxaban treatment for heart failure, but a review of additional cases was needed to validate this conclusion. Follow-up echocardiogram suggests that subsequently, the size of the thrombi decreased, and later on disappeared suggest a hallmark new novel anticoagulation era is on the way.

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