

Cite this article as: Trana C, Muller O, Tozzi P, Qanadli SD. Free-floating aortic thrombus originating from the right coronary artery. Eur J Cardiothorac Surg 2015;47:1110-1.

Free-floating aortic thrombus originating from the right coronary artery

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Received 21 March 2014; received in revised form 2 June 2014; accepted 10 June 2014

Keywords: Aortic thrombus • Coronary artery thrombus • Free-floating thrombus • Spontaneous thrombus • Cardiac computed tomography

A 48-year old woman presented with atypical chest pain suggestive of aortic dissection. Computed tomography (Fig. 1) was performed

and showed a mass protruding from the right coronary artery, the pathology of which was identified as an organized thrombus (Fig. 2).

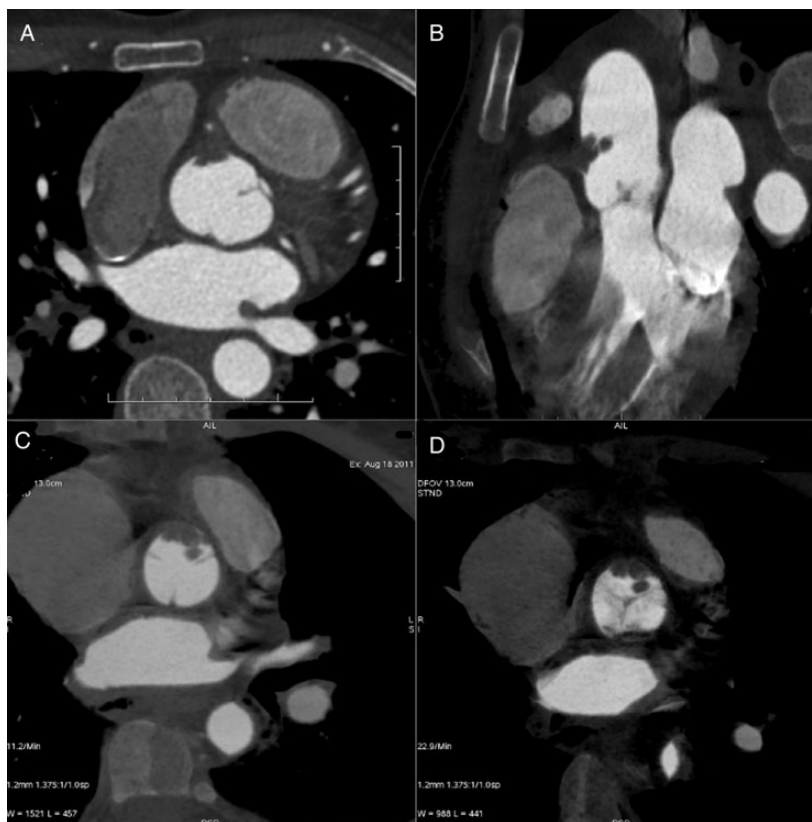


Figure 1: Cardiac computed tomography angiography. (A) Axial-transverse image that shows a low-attenuation material in the right coronary cusp of the sinus of Valsalva. No image suggestive of aortic or coronary dissection was identified. (B) 2D reconstruction in the coronal plane that clearly shows the intracoronary component of a pseudo mass. (C) Thin slab 'maximum-intensity-projection' reconstruction in the axial-transverse plane. (D) Thin slab 'minimum-intensity-projection' reconstruction showing the extension of the pseudo mass and its relationship to the aortic valve. Similar findings were found on echocardiography that showed no additional anomalies, particularly no intracardiac thrombus and no patent foramen ovale.

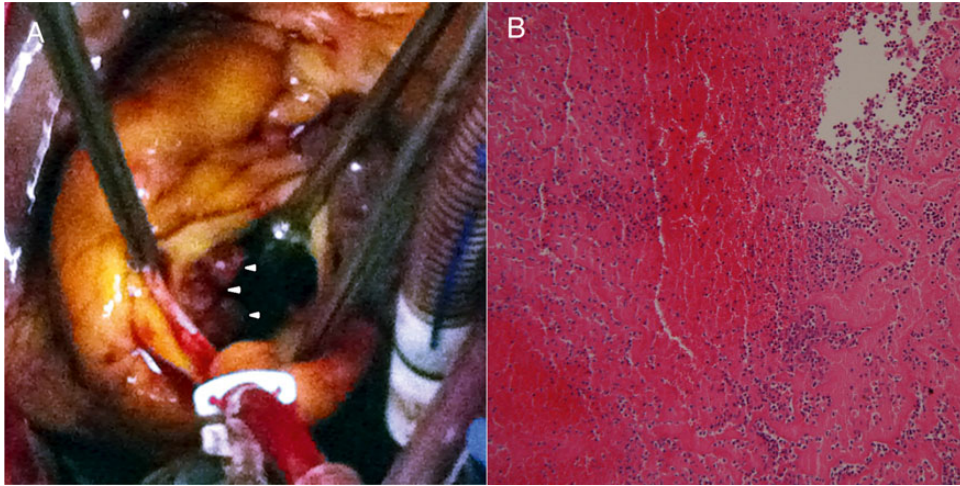


Figure 2: (A) After aortotomy, friable material protruding from the right coronary artery into the right coronary cusp of the sinus of Valsalva (arrowheads) was removed with no adherence. (B) The pathology of the removed mass was suggestive of a partially organized thrombus.

No atherosclerotic changes, prothrombotic factor or embolic sources were found. We concluded on idiopathic thrombus formation.