Case	(678) Aortic thoracic thrombosis without underlying aortical disease.
Authors	J. López-martín, M. Cegarra-navarro, M. Ojados-hernández, M. Gutiérrez-sánchez, E. Alias-carrascosa, P. Alemán-díaz
Centre	Hgu Reina Sofía. Murcia.

CASE PRESENTATION

A 57-year-old woman who goes to the emergency room for acute pain in the right lower extremity. The examination shows erythema, pain and edema in the right leg as well as decreased pulse pedio. There is significant elevation of D-dimer (12.000) and hypoxemia and echo-Doppler and angio-CT of pulmonary arteries are requested. Deep vein thrombosis is not visualized.

The CT shows the existence of extensive floating thrombus in the descending thoracic aorta, thrombus in the left ventricle, signs of pulmonary hypertension and splenic infarcts.

Angio-CT of the lower extremities shows a thrombus in the right popliteal artery which explains the reason for consultation. Anticoagulant treatment was started and after two weeks a thoracic stent was placed. Neoplastic cause and thrombophilia were ruled out.

DISCUSSION

It is an extremely infrequent pathology, of which just over 100 cases have been published (1).

Floating thrombi in the thoracic aorta are less frequent than in the abdominal aorta and are usually detected in elderly patients with diffuse atheromatosis, in whom the thrombus is anchored to an ulcerated plaque, a history of closed thoracic trauma or previous endovascular manipulation.

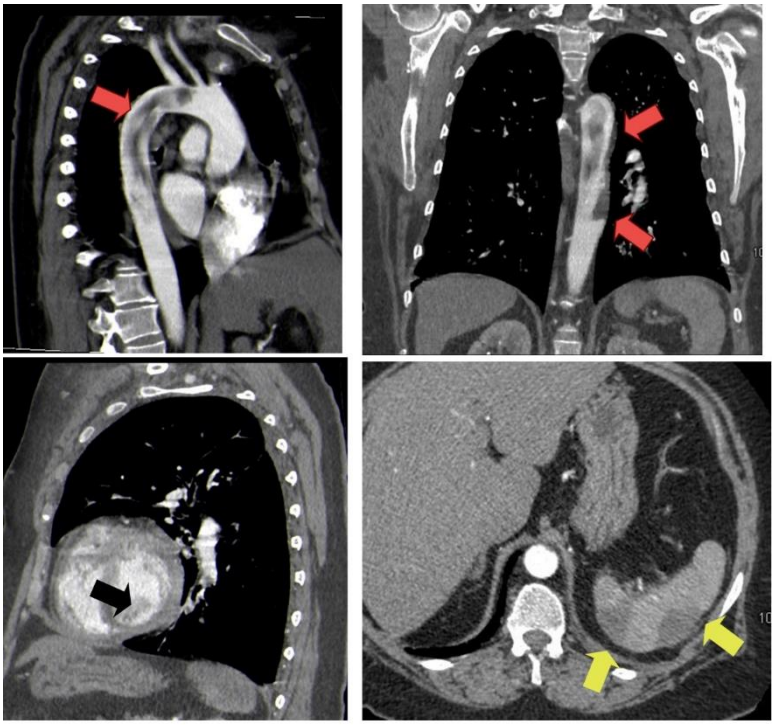
However, it has also been described in a younger population subgroup, as our case, without evidence of an underlying cause, with normal coagulation studies. Techniques for diagnostic imaging include TEE, CT and MRI. MRI is especially useful for the diagnosis and characterization of intracardiac and intravascular masses. It is important to perform differential diagnosis with the tumor and aortic dissection.

The definitive diagnosis requires histological and immuno-histochemical study. The most frequent clinical presentation is limb embolism, with predilection for the left upper limb (2). The most frequent location of thoracic aortic thrombi is the region of the aortic isthmus and the distal portion of the aortic arch. There is general agreement that these patients should be anticoagulated.

Surgical treatment (thrombectomy) is reserved for selected cases in which repetitive emboli occur or the thrombus persists despite correct anticoagulation. Our patient was treated with anticoagulation and thoracic endoprosthesis with a favorable evolution.

CONCLUSION

This case study demonstrates that it is possible spontaneous thrombus formation although it is infrequent, specially in the thoracic aorta. If ischemic pain in extremities is suspected, it is important to evaluate the possibility of aortic thrombosis to carry outan urgent treatment.



A,B. Partial occupation of the lumen of the thoracic aorta from the outlet of the subclavian artery to the distal third of the descending thoracic aorta to 6 cm from the diaphragm, in relation to a floating thrombus (red arrows). C. Thrombus in the left ventricle (black arrow). D. Splenic infarcts (yellow arrows).

BIBLIOGRAPHY

- Cañadas V, Vilacosta I, Luaces M, Bustos A, Ferreirós J, Aragoncillo P, et al. Trombosis sobre aorta torácica aparentemente normal y embolias arteriales. Rev Esp Cardiol 2008; 61:196-200.

- Adams C, Nagpal AD, Forbes TL, Lawlor DK, Chu MW. Spontaneous aortic arch thrombus presenting as acute critical limb ischemia. Vasc Endovascular Surg 2010 May; 44(4):309-11