To anticoagulate or not - A case of Right atrial thrombus in a patient with recent watchman device.

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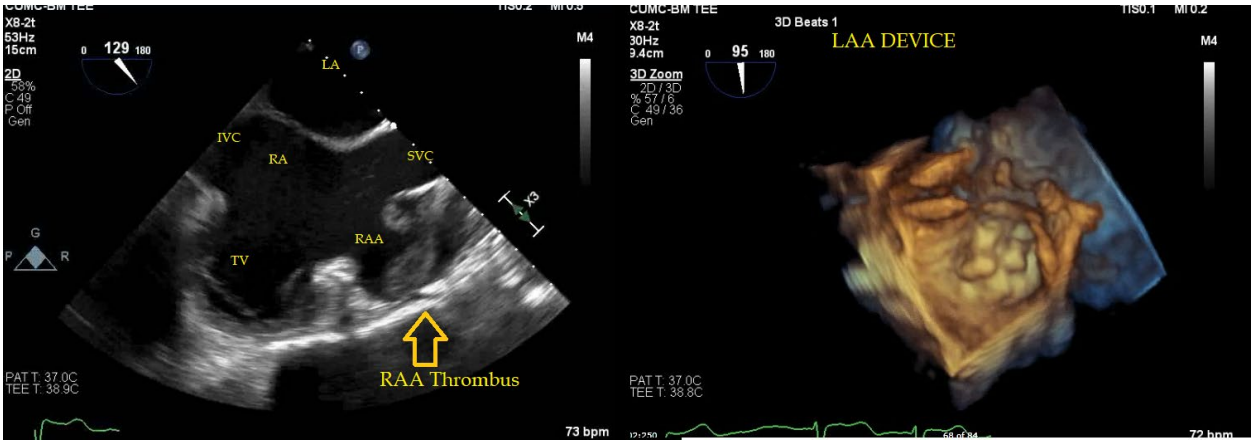
Introduction

Management of RA thrombus is a clinical dilemma. We describe a case of incidentally found RA thrombus in a patient with a Watchman Device and briefly review management strategies.

Case report

A 80-year-old man, with a history of coronary artery disease, heart failure with reduced ejection fraction(HFrEF), diabetes mellitus, hypertension, nonvalvular atrial fibrillation, watchman device placement for recurrent GI bleed presented with acute on chronic heart failure. On examination, his blood pressure was 162/103 mm Hg , pulse 104 bpm, SpO2 97% on 1L oxygen. Cardiovascular examination revealed holosystolic murmur grade 3/6, bibasilar crackles and significant bilateral pitting edema of legs. BNP was elevated to 57,852 pg/nl. EKG showed atrial fibrillation without any ischemic Intravenous diuretics were initiated. A transthoracic echocardiogram showed a LVEF of 25–30% with severe mitral regurgitation. A transesophageal echocardiogram (TEE) was obtained to evaluate his mitral valve regurgitation. While the mitral regurgitation was not severe, the TEE revealed an incidental thrombus in right atrial appendage. Different management strategies were discussed, and it was decided that since the patient was at high bleeding risk due to recurrent GI bleeding from Dieulafoy's lesion, the risks of anticoagulation outweighed the benefits. The patient was discharged with follow-ups for serial imaging.



Discussion

Limited evidence exists for management of RA thrombus. Different management options including observation, anticoagulation, thrombolytics or surgical extraction. Size, mobility, and site of attachment of the thrombi, patient related factors (e.g. bleeding risk), other indications for anticoagulation (e.g. pulmonary embolism) can help guide management. Until further studies, elective cardioversion should not be performed in presence of RAA thrombus.