Hypertrophic cardiomyopathy complicated by

massive pulmonary embolism

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Introduction:

Hypertrophic cardiomyopathy is a thickening of the heart muscle (≥ 15 mm) symmetric or asymmetric, often genetically determined. The disease can be asymptomatic for many years before signs of ischemia and arrhythmias appear, which can lead to sudden death. The existence of multiple cardiovascular risk factors leads to increased morbidity and mortality.

Pacient presentation:

Transthoracic echocardiography was performed in a 67-year-old man with symptoms of suffocation and fatigue (NYHA 3) "recently", a history of myocardial infarction and placement of a circumflex artery stent. Cardiovascular risk factors: arterial hypertension, diabetes mellitus type 2, benign prostatic hyperplasia, chronic renal failure. Transthoracic echocardiography showed marked hypertrophy with obstruction in midsections and apical dyskinesia. Laboratory analyzes and magnetic resonance of the heart were performed.

Initial work up and results:

Magnetic resonance of the heart as an incidental finding showed a massive pulmonary embolism in the main pulmonary arteries and a thrombus in the apex of the left ventricle, eccentric marked hypertrophy (septum 23 mm) and non-viable myocardium in 41%. The patient was hospitalized, oral anticoagulant therapy with apixaban was prescribed according to the protocol. After discharge from the hospital, the patient's clinical condition has improved (NYHA 1).







MR Heart LV Thrombus





MR LV Ishemic apical myocardial enhancement



Thrombus in the right pulmonary artery

Conclusion:

Thorough investigations are needed in complex patients. Oral anticoagulant therapy with xabanes has been shown to be an effective therapy in patients with pulmonary embolism and left ventricular thrombus.