

Thrombus in the Left Ventricle after Acute Myocardial Infarction

– CASE REPORT –

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Introduction

Left ventricular (LV) thrombus, commonly after acute anterior or apical ST-segment elevation myocardial infarction (STEMI), remains an important complication associated with significant morbidity and mortality despite the use of aggressive anticoagulant therapy. The incidence of left ventricular thrombus ranges from 5-7% and usually occurs within two weeks of STEMI.

Mechanistically, the development of LV thrombus depends on Virchow's triad (endothelial injury from myocardial infarction, blood stasis from LV dysfunction, and inflammation-induced hypercoagulability). Diagnostic modalities include transthoracic echocardiography and cardiac magnetic resonance imaging.

Case Report

A 63-year-old patient was admitted to the cardiology department at the Clinical Hospital - Shtip due to chest pain that started half an hour ago, elevated cardiac direct and indirect cardiac enzymes and changes in the ECG - STEMI.

An echocardiographic examination was immediately performed (anteroapical hypokinesia and EF 35%) and he was immediately admitted to the angiography room where the LAD was directly stented.

After two weeks, the patient returns to the doctor due to fatigue, chest discomfort and returns to the doctor and after the echocardiographic examination, a thrombus was seen in the apex of the left ventricle.

Conclusions

The incidence of left ventricular (LV) thrombus after acute myocardial infarction has decreased significantly in recent decades due to advances in reperfusion and antithrombotic therapies. Despite this, embolic events (mostly cerebrovascular) remain the most feared complication of LV thrombus requiring systemic anticoagulation.

Since these thromboembolic events are usually not heralded by warning signs, the only truly satisfactory medical approach is adequate management of these high-risk groups and their timely diagnosis.

