

Direct oral anticoagulants in the treatment of mural thrombus in near-normal aortic wall

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Disclosure

Speaker name: **Tony Soares**

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
 - Sponsorship by Bayer for the present meeting
- I do not have any potential conflict of interest

Introduction | Case Report

INTRODUCTION

Mural thrombus in near-normal aorta^{1, 2}

- Rare
- Risk for embolic events
- Management not well established

CASE REPORT

- 50 years-old female
- Smoking habits (30 smoking pack year)
- Dyslipidemia
- History of pulmonary tuberculosis in 1999
- Emergency Department

Left upper limb

- Cold and pale hand
- No radial/cubital pulses; Normal brachial pulse
- Sensitive and motor function compromised
 - Fingers and wrist: Anaesthesia and Grade 0
 - Arm/Elbow: Hypoesthesia and Grade 2

PRESENTATION

Left hand:

Cold, pale, numbness and motor loss

4 h

US: left brachial bifurcation occlusion

PHYSICAL EXAMINATION

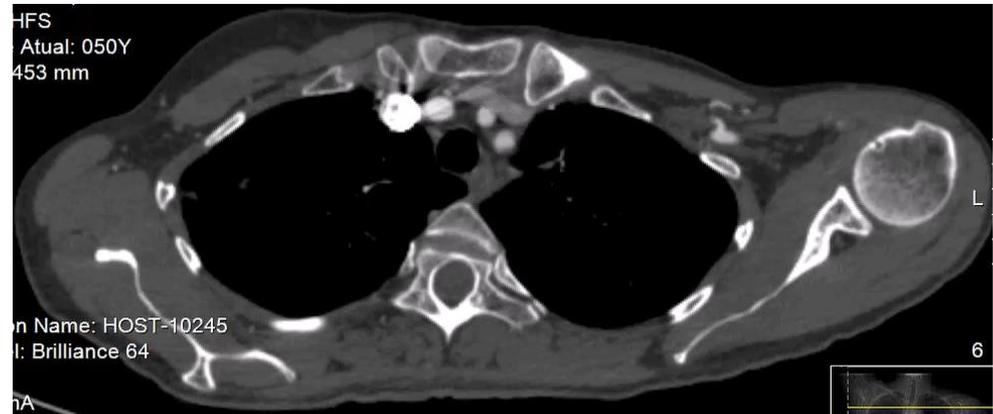
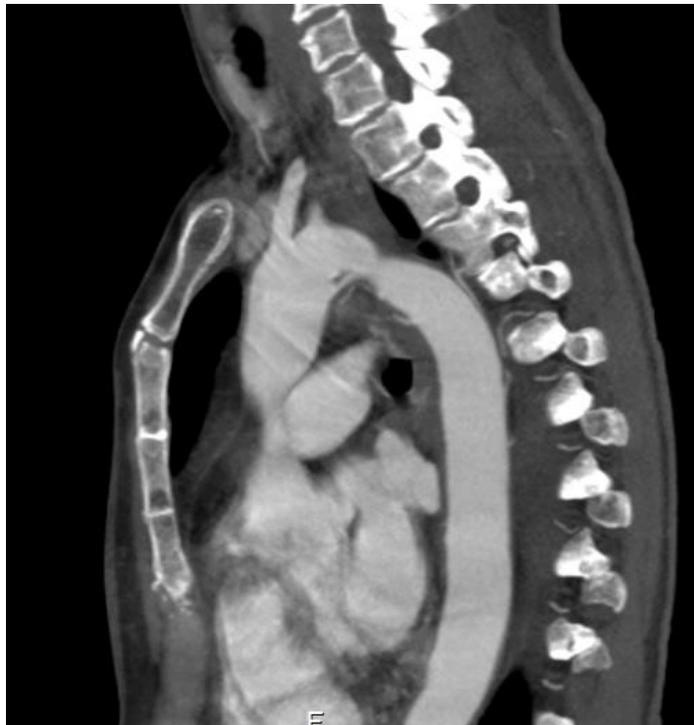
Case Report

- **EMBOLECTOMY**



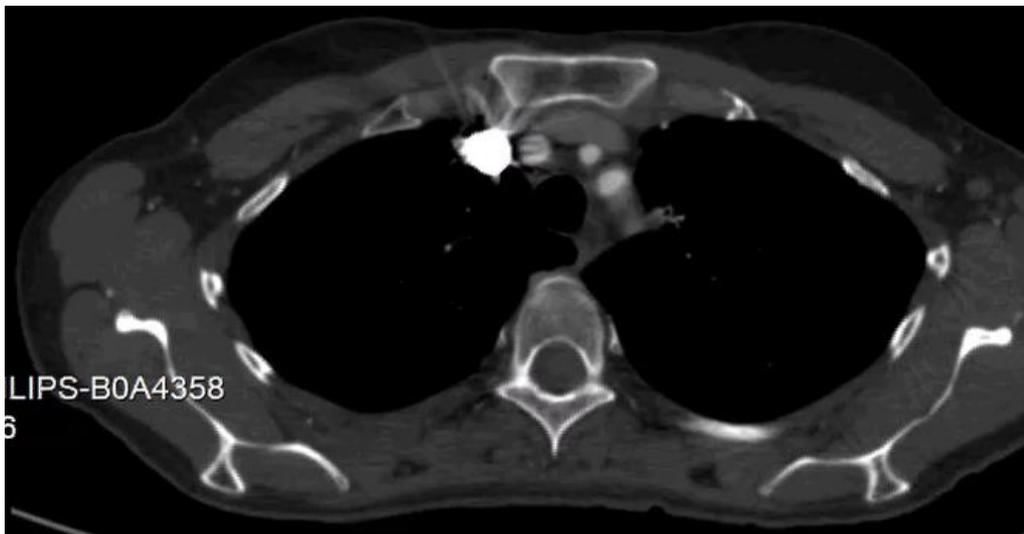
Complete resolution

- **FULL WORKUP** for embolic source (EKG, TTE, thrombophilia screening, full-body CT scan, colonoscopy, gynaecologic evaluation)



Pediculate mural thrombus in a non-aneurysmatic and non-atherosclerotic aortic arc

Case Report



Discussion | Conclusion

- Treatment of choice for mural thrombus in near-normal aorta remains controversial
 - Anticoagulation, thrombectomy, thromboaspiration, thrombolytic therapy, endovascular grafting, and even segmental aortic resection^{1, 2}
- DOAC has been used off-label in arterial disease
 - Physician/patient convenience

but...

- Concerns about efficacy
- Need more research