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

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I have the following potential conflicts of interest to report:

- [ ] Consulting
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  - Sponsorship by Bayer for the present meeting
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**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

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Case Report

- **EMBOLECTOMY**

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

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Pediculate mural thrombus in a non-aneurysmamic and non-atherosclerotic aortic arc
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Case Report

LMWH + aspirin

4 days later

Rivaroxaban + aspirin

2 M

STOP Smoking
• 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