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Case Report

Recurrent axillary artery thrombosis due to myocardial infarction

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ABSTRACT

Left ventricular thrombus is a fatal complication of acute myocardial infarction as it can cause systemic thromboembolism. One of the most feared complications is the occurrence of thromboembolic events due to dislodgment left ventricular thrombus. Here we reported a case of 47 year old male patient who presented with recurrent axillary artery thrombosis. On evaluation he was found to have regional wall motion abnormality of left ventricle in echocardiography which caused left ventricle thrombus leading to systemic thromboembolic events. It is always essential to evaluate cardiac cause by an transthoracic echocardiography in case of recurrent thromboembolic events.

Keywords: Arterial thrombosis, LV thrombus, Axillary artery thrombosis

INTRODUCTION

Left ventricular (LV) thrombus is a fatal complication of acute myocardial infarction (MI) as it can cause systemic thromboembolism. One of the most feared complications is the occurrence of thromboembolic events due to complication dislodgment LV thrombus.[1]

CASE REPORT

Here we reported a case of 47 year old male patient who presented with recurrent axillary artery thrombosis. On evaluation he was found to have regional wall motion abnormality of LV in echocardiography which caused LV thrombus. After taking a detailed history it was found that he had suffered an acute anterior wall MI 2 weeks back for which he was thrombolysed and managed medically. The risk of LV thrombus formation was maximum during the first 12 weeks following acute MI is especially in cases with chronic LV dysfunction. LV regional wall akinesia and dyskinesia result in blood stasis. Also patients with an acute coronary syndrome are in a hypercoagulable state resulting in the formation of LV thrombus.[2] LV thrombus can occur within 24 hour after AMI. A study by Visser et al showed that about 90% of thrombi are formed at a maximum of 2 weeks after the precipitating event.[3] However, some patients develop a new LV thrombus after few weeks, often in association with worsening LV systolic function.

DISCUSSION

Arterial thrombosis due to dislodgement of LV thrombus following recent myocardial infarction is a dreadful complication. In our case the patient's previous echocardiography reports did not reveal any LV thrombus. However, after 2 weeks when he presented to our institution with arterial thrombosis, his echo revealed revealed a LV thrombus. He was managed with Fogarty embolectomy, anticoagulation and follow up at 6 months revealed no LV thrombus in echocardiography as well no thromboembolic events. In a similar study, ischaemia of bilateral lower limb had been reported by Khushboo et al in 2020. Their patient presented with bilateral lower limb ischaemia after coronary artery bypass grafting following a recent myocardial infarction.[5] LV thrombus can occur

even up to 1-3 months following an acute MI hence its always better to rule out recent history of myocardial infarction whenever there is a recurrent thromboembolic event.[6]

CONCLUSION

It is always essential to rule out any cardiac cause by a transthoracic echocardiography in case of recurrent thromboembolic events. Many patients with chronic LV dysfunction might not have a past history of myocardial infarction especially diabetics with silent MI. Hence TTE (transthoracic echocardiography) should be a part of initial workup in all thromboembolic events.

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