Right Atrial Thrombus in Rheumatic Mitral Valve Disease

A 52 year gentleman presented to us with breathing difficulty and palpitations of six years duration with recent worsening of symptoms to NYHA class III. Patient was in atrial fibrillation. Evaluation by echocardiography showed rheumatic valvular heart disease with moderate mitral stenosis, severe mitral regurgitation, mild aortic stenosis and mild aortic regurgitation, dilated right & left atria and moderate pulmonary hypertension. There was no evidence of organic tricuspid valve disease. There was a large right atrial thrombus measuring 2.5 cm x 2 cm but no evidence of thrombus in left atrium or left atrial appendage.

Right atrial thrombosis is usually secondary to some predisposing factors like tricuspid stenosis, following central venous catheterization or permanent pacemaker implantation. In the absence of tricuspid valve disease or any of the above predisposing factors, isolated right atrial thrombosis is rare.

Thrombus can be differentiated from right atrial myxoma by its laminar appearance and non-homogenous echo density. Myxomas can be sessile or pedunculated and 90% of these arise from atria with base of attachment being atrial septum, usually in the region of limbus of the fossa ovalis.

Patient was anticoagulated and awaits mitral valve replacement surgery and right atrial thrombectomy.

This pictorial CME presentation is to make the treating physicians aware of the possibility of isolated right atrial thrombosis in rheumatic mitral valve disease.

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