


PS19 Formacija intramuralnog tromba u desnom atriju bolesnice sa hiperviskoznim sindromomStjepan Galić^a, Alen Gabrić^a, Martina Đuras^a, Mario Udovičić^b^a Medicinski fakultet Sveučilišta u Zagrebu^b Zavod za kardiologiju, Klinička bolnica DubravaDOI: <https://doi.org/10.26800/LV-144-supl6-PS19> Stjepan Galić 0000-0002-9150-7370, Alen Gabrić 0000-0002-1136-194X, Martina Đuras 0000-0001-9190-2074, Mario Udovičić 0000-0001-9912-2179

Ključne riječi: desni atrij; tromb; viskoznost krvi

UVOD: Tvorbe u desnom atriju (DA) su rijetke, no predstavljaju dijagnostički izazov zbog heterogene diferencijalne dijagnoze koja uključuje trombotske mase, metastaze tumora, primarne tumore srca kao što su miksom atrija, papilarni fibroelastom ili rhabdomyosarkom. Centralni venski kateter (CVK) i elektrode elektrostimulatora srca naročito povećavaju rizik nastanka tromba.

PRIKAZ SLUČAJA: Predstavljamo 58-godišnju pacijenticu koja je hospitalizirana na Zavodu za hematologiju zbog hiperviskoznog sindroma i hipergamaglobulinemije. Liječena je plazmaferezom putem CVK postavljenog kroz desnu jugularnu venu. Tijekom obrade transtorakalnim ultrazvukom verificirana je hiperehogena tvorba 28x26 mm u DA s filamentima vezana uz inferolateralni zid DA. Bolesnica je potom premještena na Zavod za kardiologiju gdje je u terapiju uveden niskomolekularni heparin te nastavljena terapija metilprednizolonom. Učinjena je kompjutorizirana tomografija (MSCT) koja je potvrdila hipovaskularnu tvorbu veličine 30x28x24 mm nejasne etiologije. Bolesnica je klinički bez tegoba. Radi utvrđivanja etiologije, učinjena je magnetska rezonanca (MR) srca kojom je prikazana tvorba veličine 17x21x8 mm koja prvenstveno odgovara trombu koji je u regresiji veličinom. Bolesnica je prevedena na terapiju varfarinom.

Inicijalno je tvorba otkrivena standardnim transtorakalnim ultrazvukom srca, no konačna dijagnoza tromba postavljena je MR-om srca, čemu je u prilog govorila i regresija tvorbe na antikoagulacijsku terapiju. Praćenje je nastavljeno ultrazvučno te je bolesnica otpuštena s antikoagulacijskom terapijom varfarinom. Formiranju tromba u DA je vjerojatno pogodovala insercija CVK u bolesnice s hiperviskoznim sindromom.

ZAKLJUČAK: Zaključno, za tvorbe u DA važno je rano otkrivanje, no za dijagnozu je potrebna uporaba različitih metoda oslikavanja, a nekada i biopsija tvorbe radi patohistološke analize.

Formation of intramural thrombus in the right atrium in a patient with hyperviscosity syndrome

Keywords: blood viscosity; right atrium; thrombus

INTRODUCTION: Masses in the right atrium (RA) are quite rare, but they pose a diagnostic challenge due to a heterogenous differential diagnosis which includes thrombotic masses, tumor metastases, primary heart tumors such as atrial myxoma, papillary fibroelastoma or rhabdomyosarcoma. Central venous catheter and electrostimulator electrodes particularly raise the risk of thrombus formation.

CASE REPORT: We present a 58-year-old female patient admitted to the Department of Haematology due to hyperviscosity syndrome and hypergammaglobulinemia. Plasmapheresis was started with a central line inserted in the right jugular vein. A hyperechoic mass resembling a thrombus measuring 28x26 mm was detected in the RA containing filaments along the inferolateral wall by transthoracic ultrasound. The patient was transferred to the Department of Cardiology and started on low-molecular-weight heparin and methylprednisolone. Chest MSCT confirmed a hypovascular mass measuring 30x28x24 mm of unknown etiology. The patient was asymptomatic. Cardiac magnetic resonance (MR) was done to determine the etiology which confirmed the presence of a thrombus measuring 17x21x8 mm which was in regression by size. The patient was switched to warfarin. The mass was discovered by transthoracic ultrasound, however, the final diagnosis was determined by MR of the heart. Monitoring was continued by ultrasound and the patient was released with warfarin therapy. The insertion of the central line probably precipitated the formation of the thrombus in the RA.

CONCLUSION: To conclude, it is important to diagnose masses in the RA quickly, but the definitive diagnosis requires many diagnostic imaging tools, sometimes even a biopsy for histopathology examination.