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Mobile mass in the aortic arch: A case report

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Abstract: We describe a 42-year-old woman with an embolic infarction in whom TEE revealed a mobile mass in the aortic arch that was characterized as atherothrombi and with an evidence of embolic infarction in the territory of the MCA (middle cerebral artery). The mass was resected surgically late, since treatment with antiplatelet and anticoagulants failed to resolve it. The finding of a floating mass in the aortic arch is rare and the management remains controversial. Complex aortic arch atheromatosis plaque thickness (plaque thickness \geq .44 mm or plaque with mobile elements) is a potential source of emboli that has become increasingly common nowadays due to the advent and widespread use of echocardiography. We report the case of a 42 year-old woman with embolic infarction in whom the TEE study revealed a mobile mass in the aortic arch.

Case presentation: A 42-year-old woman presenting in the emergency department of neurology with headaches, lack of mobility right hand and foot and also was lost speech ability. There was complete Broca's aphasia and right hemiplegia in physical examination. Brain CT Scan showed an evidence of embolic infarction in the territory of the left MCA (middle cerebral artery) and began CVA treatment. then evaluation of the heart and carotids was performed.

Conclusion & discussion: In conclusion, the presence of mobile aortic mass seems to carry a high embolic risk. Echocardiographic evaluation of the aortic arch is mandatory in patients with embolism and mass and no obvious source of emboli. Initial assessment can be performed by the suprasternal TTE view, which should be followed by TEE, considered to be the most reliable method for the detection of aortic arch atheroma. The optimal treatment of mobile aortic arch atherothrombi remains to be elucidated.

Biography

Fateme Ghani Dehkordi is currently associated with Department of Operating Room, Faculty member of Para medicine, Bushehr University of Medical Sciences, Bushehr, Iran

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