

IMAGING IN INTENSIVE CARE MEDICINE

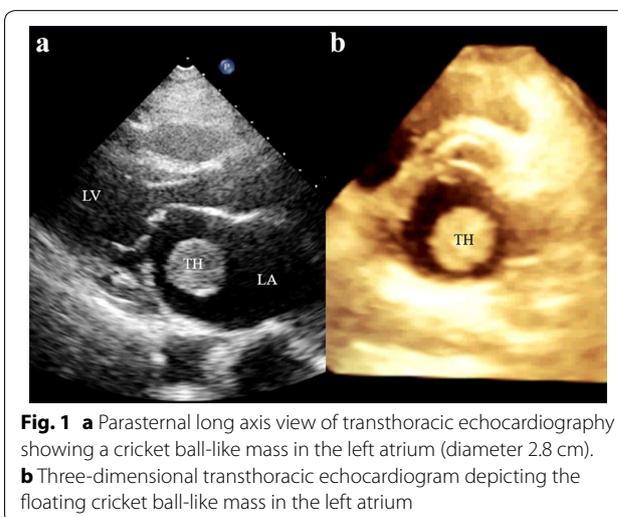


# Sudden artery occlusion of bilateral lower extremities in a patient with intracardiac cricket ball-like mass

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A 48-year-old female patient suffered an attack of severe pain in her bilateral lower extremities necessitating emergency admission to hospital. Physical examination showed her feet were pale and cold with impalpable dorsalis pedis artery. Color Doppler ultrasound found thromboembolisms in the right common femoral artery and left popliteal artery. The patient had a history of rheumatic heart disease and persistent atrial fibrillation. She discontinued warfarin 1 month ago due to her concerns of possible side-effects of anticoagulation therapy. Two-dimensional and three-dimensional echocardiography revealed severe rheumatic mitral stenosis. Most interestingly, we found a large freely floating cricket ball-like mass in the left atrium, but it did not prolapse into the left ventricle because of severe mitral stenosis (Fig. 1a, b, and Supplemental Movie S1, S2). Then the patient underwent urgent surgical embolectomy of bilateral lower extremities, and urgent mitral valve replacement surgery, along with the removal of the left atrial thrombus. The histopathology confirmed cricket ball-like mass was a thrombus, not a left atrial myxoma or something else. The arterial occlusion of her bilateral lower extremities was probably due to the thrombus in the left atrium.



**Fig. 1** **a** Parasternal long axis view of transthoracic echocardiography showing a cricket ball-like mass in the left atrium (diameter 2.8 cm). **b** Three-dimensional transthoracic echocardiogram depicting the floating cricket ball-like mass in the left atrium

#### Electronic supplementary material

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#### Compliance with ethical standards

#### Conflicts of interest

None declared.

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