Mobile ascending aortic mass presenting as acute myocardial infarction

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A 56-yr-old (62 kg) man (who provided written consent to publish this report) with no documented medical history presented to the emergency department after eight hours of

chest pain. With a normal electrocardiogram and a troponin T level of $2720 \text{ ng}\cdot\text{L}^{-1}$ (normal range $0\text{--}14 \text{ ng}\cdot\text{L}^{-1}$), he was subsequently diagnosed with a non-ST segment elevation

Figure A) Two-dimensional transesophageal echocardiographic (TEE) short-axis image of the aortic root shows a thrombotic mass (white arrow) close to the left main coronary artery (red arrow) ostium. B) Three-dimensional TEE long-axis image similarly shows

the mass (black arrow) in the ascending aorta. A video of the mobile mass is available as Electronic Supplementary Material. LA = left atrium; PA = pulmonary artery; RA = right atrium

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myocardial infarction. Transthoracic echocardiography unexpectedly revealed a $1.3 \times 1.7 \text{ cm}$ mobile mass in the ascending aorta close to the left main coronary ostium.

He was scheduled for urgent resection of the mass under cardiopulmonary bypass (CPB), at which time transesophageal echocardiographic examination further characterized the mass (Figure A and B). It appeared to be encapsulated with a very small stalk of attachment immediately adjacent to the left main coronary ostium. The mass was resected en bloc, with the associated aortic wall removed by shave excision. The aorta was closed, and the

patient was weaned from CPB and transferred to the intensive care unit.

As postoperative coronary angiography did not reveal any obstructive coronary artery disease, the patient's initial presentation was thought to be due to either embolization or transient occlusion of the left main coronary artery. He was discharged home on postoperative day 7 after an uneventful course in hospital.

Pathological examination revealed that the mass was composed entirely of thrombus, with portions showing evidence of hyaline degeneration, suggesting that the mass had been present for quite some time. As no bacterial or fungal organisms were isolated, and the patient had no

known hypercoagulability disorder or atherosclerotic disease, the source of the thrombus remained unclear.

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