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## CARDIOVASCULAR FLASHLIGHT

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### An unusual intracardiac thrombus in an 81-year-old man with severe symptomatic aortic stenosis

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A 81-year-old male patient with chronic obstructive lung disease, decompensated severe calcified aortic stenosis, moderately to severely reduced biventricular systolic function, and atrial fibrillation with secondary pulmonary hypertension was referred to our institution. He was treated with diuretics, oral anticoagulants followed by low dose beta blocker. After cardiac recompensation coronary artery disease was excluded by coronary angiogram. Computed tomography (CT) angiography was performed prior to transcatheter aortic valve replacement (TAVR). Unexpectedly, CT (Panel C) and transthoracic echocardiography without contrast (Panel A; [Supplementary material online, Video S1](#)) and with contrast (Panel B) revealed a mass (14×13 mm) in the coronary sinus. This mass dissolved under anticoagulation, confirming the suspected coronary sinus thrombus (CST) (Panel D).

After successful TAVR, left ventricular function recovered. The medication was continued.

CST is a rare condition. The most common cause is endothelial damage related to device placement, i.e. central venous lines, pacemaker wires but also as a sequel of electrophysiological procedures. Primary CST is extremely rare. In our patient, the most likely mechanism for CST was venous stasis due to severe heart failure. With increasing electrophysiological procedures, particularly cardiac resynchronization therapy, CST might be observed more frequently.

[Supplementary material](#) is available at *European Heart Journal* online.

