A 64-year-old man with a significant history of atrial fibrillation, diabetes mellitus, coronary artery disease, and refractory cardiogenic shock, requiring milrinone 0.375 μg/kg/min, dobutamine 7.5 μg/kg/min, and axillary Impella 5.0 pump (ABIOMED, Danvers, MA) for hemodynamic support, was listed as United Network for Organ Sharing Status (UNOS) 2 for orthotopic heart transplantation (OHT). During the course of his hospitalization, his cardiac hemodynamics deteriorated, requiring him to undergo placement of Heartmate 3 (Abbott Laboratories, Chicago, IL) left ventricular assist device (LVAD) as a bridge to transplant. Therapeutic anticoagulation was maintained with heparin, and warfarin was initiated with a goal of international normalized ratio (INR) 2 to 3. Seven days later, a transesophageal echocardiogram revealed a 3 x 2-cm echogenic mass abutting the left coronary ostium in the aortic root, which was consistent with a large thrombus (Figure A). Given the high risk of embolic stroke, patient was relisted as UNOS status 2(e) for OHT. Four days later, the patient underwent explantation of LVAD and OHT. A 5.0 x 4.5 x 2.5-cm thrombus (Figure B) was removed from the explanted heart, with subsequent histologic confirmation. Aortic root thrombus is rarely noted post-LVAD placement and portends a poor prognosis.¹ Surgical removal or OHT must be pursued to prevent catastrophic complications from systemic embolization.

FIGURE. (A) Transesophageal echocardiogram demonstrating a 3 x 2-cm echogenic mass abutting the left coronary ostium in the aortic root, consistent with a large thrombus. (B) A 5.0 x 4.5 x 2.5-cm thrombus removed from the explanted heart.
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SUPPLEMENTAL ONLINE MATERIAL
Supplemental material can be found online at http://www.mayoclinicproceedings.org. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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REFERENCE