The malign face of atrial fibrillation

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A 78-year-old female patient presented with a 1-month history of cold pulseless lower limbs consistent with ischaemia. She was diabetic and hypertensive. No popliteal or pedal pulses could be palpated. Electrocardiography revealed atrial fibrillation (AF). Echocardiography revealed that thrombus in atrial side of the mitral valve (Figure 1), with moderate mitral regurgitation, mild left atrial enlargement (43 mm), and normal left ventricular systolic function. Lower extremity arterial Doppler revealed occluded bilateral superficial femoral arteries. Revascularisation was recommended but the patient refused. Warfarin and enoxaparin was started but she did not use them regularly.

Figure 1. Transthoracic echocardiographic images (A) parastenal (B) apical approach

LV: left ventriculi, LA: left atria, Ao: aorta, Thr: thrombi.

A month later bilateral necrosis below knee gangrene developed and amputation was performed by orthopaedic surgeons (Figure 2). No thrombus was observed on the echocardiography performed at this time.

The objective for presenting this case was to remind once again that AF is not an innocent disease and may lead to severe limb ischaemia. We recommend that all AF patients should be evaluated about necessity of anticoagulation and those presenting with thromboembolic symptoms to be screened by echocardiography to diagnose left atrial thrombus.
Figure 2. Bilateral necrosis beneath the knee

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