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**14th INTERNATIONAL CONGRESS OF UPDATE IN CARDIOLOGY AND CARDIOVASCULAR SURGERY**

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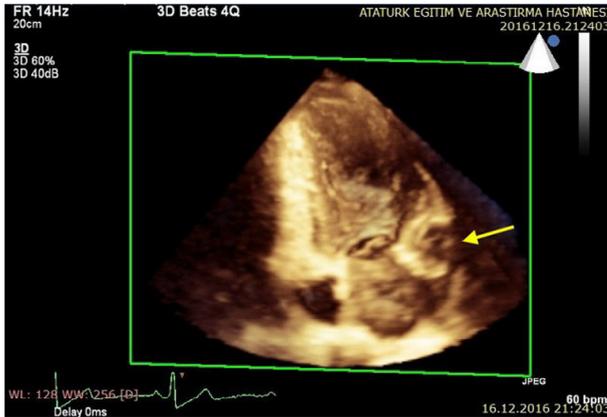


Figure 1.



Figure 2.

ferred to cardiovascular surgery for the excision of cardiac cyst. Before the surgery coronary angiography and aortography was performed which revealed severe aortic insufficiency with critical stenosis in right coronary artery (RCA), left anterior descending (LAD), and circumflex artery (CX). Then the cardiac hydatid cyst was removed by surgery concomitantly by-pass surgery with saphenous graft –CX, RCA, diagonal artery and left internal mammary artery- LAD coronary artery anastomosis, mitral repair and benthal operation (composite graft replacement of the aortic valve, aortic root and ascending aorta, with re-implantation of RCA and left main coronary arteries). Patients was successfully recovered after operation. He has been followed in outpatient clinic and treated with albendazole.

Cardiac hydatid cyst is a rare complication of hydatid cyst infestation which is seen 0.5–2% of affected patients. Cardiac hydatid cyst can cause many complications including left ventricular outlet flow obstruction, acute coronary syndrome, cardiac arrhythmias, pericardial effusion and pericarditis. Echocardiography is the most sensitive and specific tool to diagnose hydatid cysts in terms of location, size, and the presence of scolices and calculate the pressure on the vital parts of the heart. Another available important tool of investigation is cardiac MR imaging, for a

better demarcation and lineation of the cyst. Removal of cysts through open-heart surgery is crucial for patient survival. Albendazole or mebendazole twice a day treatment is recommended after surgery

## Topic: AJC » Chronic Heart Failure

### ■ OP-523

**The Most Desperate Moment: Disappeared Free-Floating Left Atrial Thrombus.** *Ozcan Orscelik, Bugra Ozkan, Dilek Cicek Yilmaz, and Oben Doven. Mersin university, Mersin.*

**Abstract:** Left atrial thrombus is a rare complication that may develop especially on the basis of atrial fibrillation and mitral valve disease. Especially free-floating thrombus in left atrium may cause several serious complications due to high risk of systemic embolization. An 85-year-old woman patient came to hospital with nausea and vomiting complaints. The transthoracic echocardiography showed a free-floating thrombus-like appearance in the left atrium and after a short time, the thrombus disappeared.

**Introduction:** Left atrial thrombus is a rare complication that may develop especially on the basis of atrial fibrillation and mitral valve disease. Especially free-floating thrombus in left atrium may cause several serious complications due to high risk of systemic embolization. We present a free floating left atrial thrombus that disappear in an 85-year-old female patient. The transthoracic echocardiography showed a free-floating thrombus-like appearance in the left atrium.

**Case:** An 85-year-old woman patient following heart failure with reduced ejection fraction (HFrEF) came to hospital with nausea and vomiting complaints. History of patient, she had type 2 diabetes mellitus for ten years, hypertension for twelve years and HFrEF for eight years. Before emergency department admission, she had been taking digoxin 0.25 mg daily and blood digoxin level measured 2.4 ng/ml in the emergency department. Other laboratory parameters were normal. There was seen atrial fibrillation on the electrocardiogram. The patient did not use oral anticoagulants. Hence the patient admitted to coronary intensive care unit with digoxin intoxication. The transthoracic echocardiography (TTE) showed a free-floating thrombus-like appearance in the left atrium with dimensions of 2.4x2.6 cm (Figure 1). Left atrial size was measured as enlarged. It was seen that the thrombus prolapsed into mitral valves in diastole (Video 1). Therefore, anticoagulant infusion was initiated to the patient and consulted with cardiovascular surgery for surgical thrombectomy. They recommended the surgical removal because of high systemic embolization. A day later, while we were doing surgery preparations, the general condition of the patient was deteriorated and left leg pain emerged. On the physical examination blood pressure was measured 220/85 mm Hg, the femoral artery in the left leg was not pulsed. TTE was repeated and there was seen that the thrombus-like appearance



Figure 1. The size of left atrial thrombus.

was not in left atrium (Video 2). That is why, the patient was urgently taken to peripheral surgery. Left iliac thrombectomy and left femoro-femoral bypass were performed to the patient. Post-surgery condition of the patient was improved and discharged with oral anticoagulation.

**Discussion:** A free-floating thrombus in the left atrium is a very rare complication of several states including atrial fibrillation, infectious endocarditis, dysfunction of coagulating system, heart failure, mitral valve replacement, left atrial enlargement, mitral stenosis etc. In the present case, the patient had heart failure, left atrial enlargement and atrial fibrillation as risk factors for left atrial thrombus. A free-floating thrombus in the left atrium may cause fatal systemic embolization or another serious complication and for the prevention of these complications urgent surgical removal is generally recommended.

## Topic: AJC » Diagnosis and Treatment of Valvular Heart Disease

### OP-20

#### Mobile Huge Thrombus Material in the Left Iliac Artery Coming from the Left Atrium Due to Severe Mitral Stenosis.

*Faruk Cingoz, Gokhan Ozerdem, Abdulvedat Oner, and Mustafa Sungun. Medical Palace Hospital, Kayseri.*

**Objective:** Peripheral arterial embolism is well known complication in patient with mitral stenosis.

**Material:** A patient was admitted to emergency department with angina pectoris. Cardiac rhythm was Atrial fibrillation. Cardiac enzymatic tests showed acute coronary syndrome. Coronary arteries were normal in coronary angiography. Left femoral artery and distal pulses were not palpable. A huge and mobile thrombus material was seen in the left internal iliac artery.

**Result:** Left femoral embolectomy was performed and thrombus material was taken. Severe mitral stenosis and huge thrombus material were observed inside of the left atrium in Echocardiography. Three degree aortic insufficiency was diagnosed as well. Both aortic and mitral valve replacements were performed under emergency conditions. First embolic event occurred in coronary arteries. It could not be detected. The main large thrombus is shifted from the small curvature of the aorta and it reached to the left iliac artery in the second embolic event.

**Conclusion:** Peripheral arterial pulses should be controlled before coronary angiography.

## Topic: AJC » Cardiac Imaging - Echocardiography

### OP-315

#### Carney Complex: Myxoma with Multisystem

**Involvement.** *Ilkin Guliyev, Mehmet Doğan, Hilal Erken Pamukcu, Mert Aker, Murat Tulmaç, and Sadık Açikel. Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara.*

**Introduction:** Cardiac myxoma is the most frequent primary cardiac tumor. Most myxomas are seen sporadically but rarely they can be the part of familial syndromes (Carney complex or non syndromic familial myxomas) which constitute 7% of all myxomas. The Carney complex is an autosomal dominant syndrome which is associated with multiple neoplasias (cardiac, cutaneous, mammary), cutaneous pigmentation, endocrine overactivity, testicular tumors and schwannomas. Here, we report a case of a 25-year-old man with left atrial myxoma, skin pigmentation, surrenal and testicular mass and family history of myxoma operations.

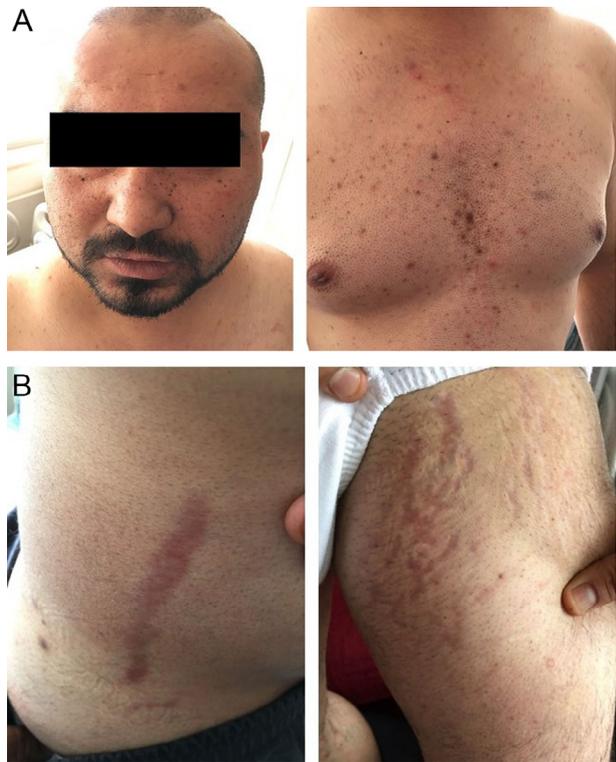


Figure 1.

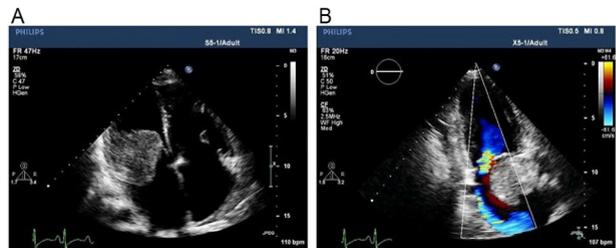


Figure 2.

**Case Report:** 25 year-old male patient was admitted to outpatient clinic with the complaint of exertional dyspnea and orthopnea lasting for 3 months. He was otherwise healthy except smoking. He had familial history of myxoma operations for his father and aunt. On his cardiac examination, apical 1-2/6 systolic murmur was auscultated. Pulmonary sounds were normal. Multiple nevi were observed on his face and chest (Figure 1) and striae at groin and back (Figure 1)

Moreover he had abdominal distention and mild lower extremity edema. His blood pressure was 130/80 mm Hg and heart rate was 125 bpm. On transthoracic echocardiography, ejection fraction was normal, mild-moderate mitral regurgitation, moderate tricuspid regurgitation, pulmonary hypertension (estimated systolic pulmonary artery pressure was 95 mm Hg) and 35X65 mm myxoma arising from left atrium were revealed (Figure 2, video 1-2). Subsequently transeophageal echocardiography was performed. 48X35x35 mm mass was prolapsed to the left ventricle during the diastole and it was seated between left atrial appendix and mitral annulus (Figure 3, video 3). Although mitral valve structure was normal, moderate-severe mitral regurgitation directed to interatrial septum was revealed. In order to investigate the congenital association, abdominal CT and pelvic MRI were planned. Right surrenal 22x20 mm peripheral calcific mass and right testicular 21x11x12 mm calcific mass were detected (Figure 4). The patient went to successful cardiac surgery for left atrial myxoma (Figure 5). Postoperative transthoracic echocardiography



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The banner features a dark blue background. On the left, there is a stylized heart with a grid pattern and a molecular structure of colored spheres. On the right, a doctor in a white coat and stethoscope is shown pointing towards a glowing red heart with a white ECG line. The text is white and yellow, providing the event's name, dates, and location.