Do Thrombi In The Aortic Arch Need To Be Removed Or Covered: What Is Their Natural History
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Background:
Mural thrombus of the thoracic aorta is a rare finding. It is encountered, in most cases, after an embolic event. Due to newer imaging modalities such a finding may be incidental and asymptomatic. The management of a mural thrombus is controversial.

Objectives:
To present our experience in diagnosis and management of patients with mural thrombus of the thoracic aorta admitted to Rambam Health Care Campus (RHCC).

Methods:
Institutional experience with 24 consecutive patients (1983-2013) diagnosed with a mural thrombus of the non-aneurysmatic thoracic aorta is presented. Patients with a heavily atherosclerotic aorta or an aneurysm were excluded.

Results:
There were 24 patients, 13 females and 11 males, with a mean age of 56 years (range 41-83). Co-morbid disease were smokers (19 patients, 79%), thrombophilia (9 pts., 37%), hypertension (7 pts., 29%), hyperlipidemia (6 pts., 25%), diabetes (6 pts., 25%), malignancy (2 pts., 8%).

Treatment employed was primarily medical: anticoagulant administration in 83% (20 patients). Surgery was performed in three patients (initially two) and a stent-graft deployed in six (initially two). A change from medical to interventional treatment was performed in five patients (21%) due to complications or persistence of thrombus.

Complications encountered were stroke in 25% (6 patients), mesenteric ischemia in 2 patients, renal infarct in 1 and distal (extremity) embolization in 5. No complications were encountered in roughly half the patients (11, 46%). In six patients (25%) the mural thrombus was encountered incidentally, five of which remained asymptomatic and the thrombus resoled.

Conclusions:
A mural thrombus in the thoracic aorta may be symptomatic or asymptomatic. Smoking is a predisposing factor. Thrombophilia is associated with symptomatic cases. It should be sought for in patients presented with unexplained embolism. We suggest an interventional treatment in symptomatic patients, mobile thrombi or persistent thrombi in patients treated by anticoagulants.