

**P 1137****Giant thrombus entrapped by a patent foramen ovale in a patient with polycystic kidney disease**

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A 42 year-old male patient with a history of depression, hypertension and chronic kidney disease (CKD) due to polycystic kidney disease (PKD) was admitted at the psychiatry division due to suicidal ideation. Fifteen days after admission the patient had chest pain during hemodialysis session, with an ECG suggesting anterior myocardial infarction. Coronary angiography evidenced an aneurysm in proximal anterior descendent artery with a thrombotic occlusion distally in the same vessel. Coronary angioplasty was performed with angiographic success. Transesophageal echocardiography showed a large intracardiac thrombus, which began in the superior vena cava, entered the right atrium, crossed to the left atrium through a patent foramen ovale, and penetrated the left ventricle. Anticoagulation was prescribed, and because there were minimal changes on thrombus size after 7 days of therapy, surgery was performed. The procedure had no complications, with successful removal of the thrombus (figure 2D). The patient was discharged asymptomatic after reaching target protrombin time using warfarin. Comments: Polycystic kidney disease (PKD) is the most common genetic cause of CKD . Hepatic cysts are the most common extra.renal manifestation, and complementary evaluation showed a large number of cysts within the patient.s liver and kidney. The most common cause of death is cardiovascular disease, mainly due to hypertension and its consequences. In our knowledge, this is the first case of thrombus.in.transit of a patient with PKD. This condition is associated with risk factors such as cancer and hypercoagulability states. There is no consensus about the best treatment strategy, and prior reports have described successful management with both surgery and anticoagulation. In most reported cases, patients undergo surgical removal. Unitermos: Polycystic kidney disease; Foramen ovale; Giant thrombus