Floating thrombus in the false lumen: 
an unusual finding in aortic dissection

A 65-year-old Caucasian male was referred to our Emergency Department complaining of sudden onset of chest pain toward the neck. He had a smoking habit and a medical history of hypertension treated with angiotensin converting enzyme-inhibitors. His medical history was unremarkable. A computed tomography was promptly performed showing an aortic dissection involving both the ascending aorta, aortic arch, and descending aorta (type A according to the Stanford classification); moreover, a thin and sessile mass was noticed extending from the thrombosed aortic wall to the false lumen (Fig. 1). The patient needed life-saving emergency surgery, and the surgeons preferred a two-stage approach: an elephant trunk as first-stage repair of the dissection and an endovascular prosthesis repair (TEVAR) as second-stage. Intraoperative transoesophageal echocardiography performed during TEVAR procedure showed a well-positioned vascular prosthesis, with the Dacron graft (‘elephant trunk’) into a dilated descending aorta. The descending aorta presented a partially thrombosed false lumen from the bifurcation of the aorta and the left subclavian artery to above the diaphragm; moreover, slow flow and second-degree spontaneous echocontrast were noticed. At about 35 cm from the dental arch a hypermobile and sessile formation of about 5 × 1 mm partially adherent to thrombosed false lumen was noticed; this finding was compatible with an intraluminal floating thrombus (Fig. 2A, B). The patient underwent successful prosthesis positioning with no post-operative complications.

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