

Left Atrial Appendage Thrombus in a Patient with Atrial Fibrillation: Complete Resolution with Warfarin

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Introduction

- In patients with nonvalvular **atrial fibrillation**, approximately **90% of thrombi** originate from the **left atrial appendage**, making it the principal cause of cardio-embolism and stroke^{1,2}.
- **Warfarin** is the conventional treatment for resolving left atrial appendage thrombus, but **direct oral anticoagulants** are becoming an increasingly popular alternative³.
- We present the case of an 80-year-old female with AF who developed a large thrombus in the LAA, highlighting the importance of appropriate anticoagulation selection.

References



Case Presentation

- An **80-year-old female** patient with a medical history of **paroxysmal atrial fibrillation**, non-Hodgkin lymphoma in remission, hypothyroidism, and a **history of perforated gastric ulcer** was admitted after a **LAAT** was identified incidentally on routine follow-up CT. A TEE then confirmed a large, mobile left atrial appendage thrombus, **measuring 8 x 15mm (Figure 1)**. **Warfarin** was initiated with a goal of **INR 2.5-3.0** and repeat TEE after **6-week-therapy** demonstrated **complete resolution** of the thrombus (**Figure 2**).

Figure 1

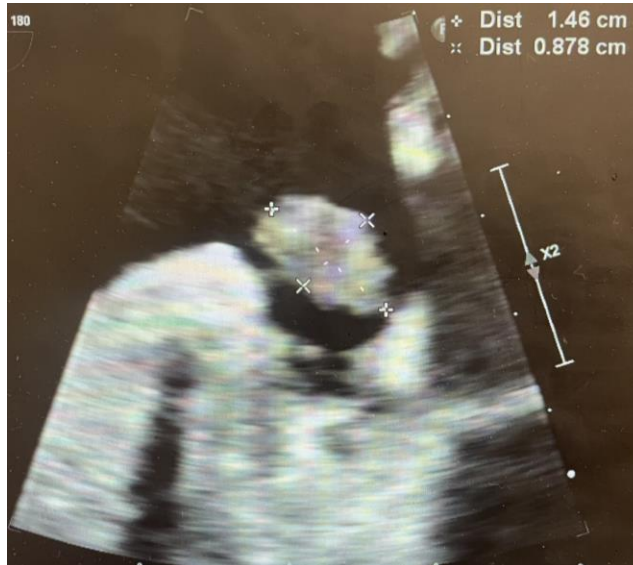
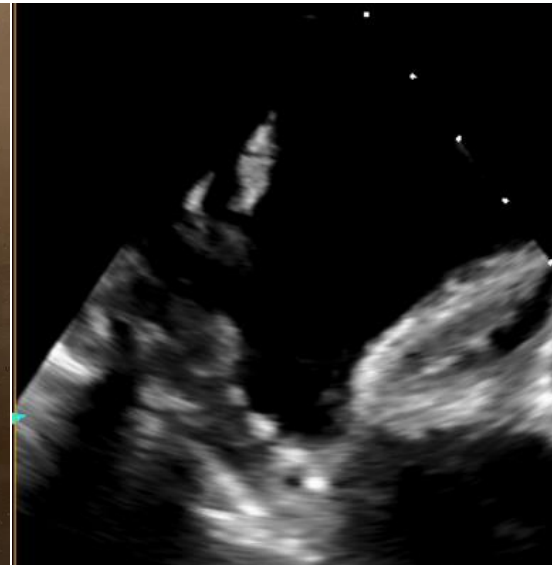


Figure 2



Discussion

- While the **standard target INR** for **Warfarin** therapy is typically **2.0-3.0**, an increase in the patient's target **INR of 2.5-3.0** was set due to the **large, mobile thrombus**⁴.
- **Higher INR range (3.0-3.5)** may be considered in cases with extensive and mobile clots; however, our **patient was not a candidate** for this due to her **history of perforated gastric ulcer and risk of GI bleed**⁵.
- This factor also affected the consideration of **Warfarin over DOAC** for this patient.

Conclusion

- This case underscores the importance of formulating a **personalized treatment** in anticoagulation therapy.
- While **DOACs** are increasingly favored for many patients with **atrial fibrillation**, this case underscores that **Warfarin** remains a viable and sometimes **optimal choice** for those with **contraindications** or the need for **close INR monitoring**.
- Further research is warranted to refine **anticoagulation strategies** for **high-risk LAAT patients**, particularly in balancing **embolic prevention** and **bleeding risk**.