

Background

- Lambl's excrescence (LE) is a rare, thin, linear thread composed of collagen and elastic fibrous tissues that originates at the closure margins of heart valve leaflets. LE has been linked to thromboembolic events, including ischemic stroke, transient ischemic attack (TIA), acute coronary syndrome, and peripheral thromboembolism.
- Its development is thought to result from endothelial injury caused by wear and tear at the high-pressure closure lines of valve leaflets. This process promotes fibrin deposition and endothelial overgrowth, which explains why left-sided heart valves are more commonly affected than right-sided valves.
- Transesophageal echocardiography (TEE) remains the gold standard test for diagnosing LE.

Objectives

- We report the first published case of TIA secondary to LE in the United Arab Emirates. Due to the rarity of this condition and the limited research, no standardized management guidelines currently exist. To address this gap, we conducted a review focusing on the management of LE, with the aim of contributing toward the development of future guidelines.

Case Report

- A 53-year-old man with a history of hypertension, dyslipidemia, and nicotine dependence presented with transient episodes of left monocular blindness. Physical examination was unremarkable.
- Extensive stroke workup was unrevealing, except for TEE, which showed an echodense, linear, mobile structure attached to the aortic surface of the aortic valve closure margin, consistent with LE (Figure 1).
- Given the absence of established management guidelines for LE, the patient was started on clopidogrel 75 mg daily and has remained asymptomatic during two years of follow-up.

Case Report

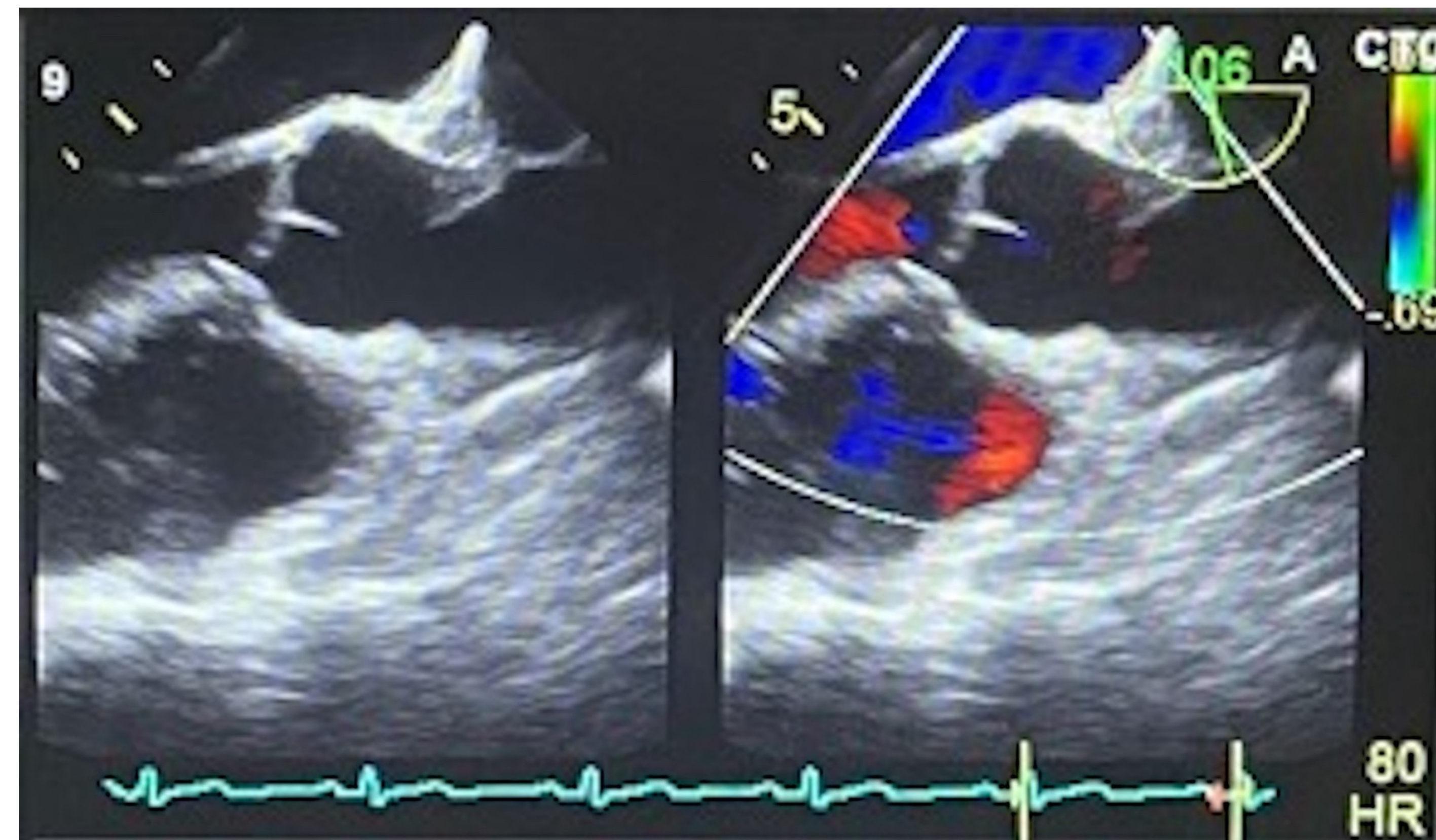


Figure 1: TEE showing a mobile, echodense, linear structure attached to the aortic surface along the aortic valve closure line.

Methodology

- A total of 22 articles on LE were identified and reviewed from the PubMed database using "Lambl's excrescences" as the search keyword.
- All available free full-text articles up to 2023 were included.

Discussion

- Management approaches, including our case (Table 1):
- Asymptomatic patients: Close follow-up is recommended.
- Patients with ≥ 1 embolic events not receiving antiplatelets or anticoagulants: Aspirin was the most used treatment and showed a 100% effectiveness rate over a mean follow-up of 13.6 months. Due to the limited number of reported cases and follow-up data, firm conclusions regarding alternative therapies cannot be drawn.
- Patients with ≥ 1 embolic events receiving antiplatelets or anticoagulants: Surgical intervention was the most proposed management strategy. However, the scarcity of long-term follow-up data prevents definitive conclusions about its efficacy.

Discussion

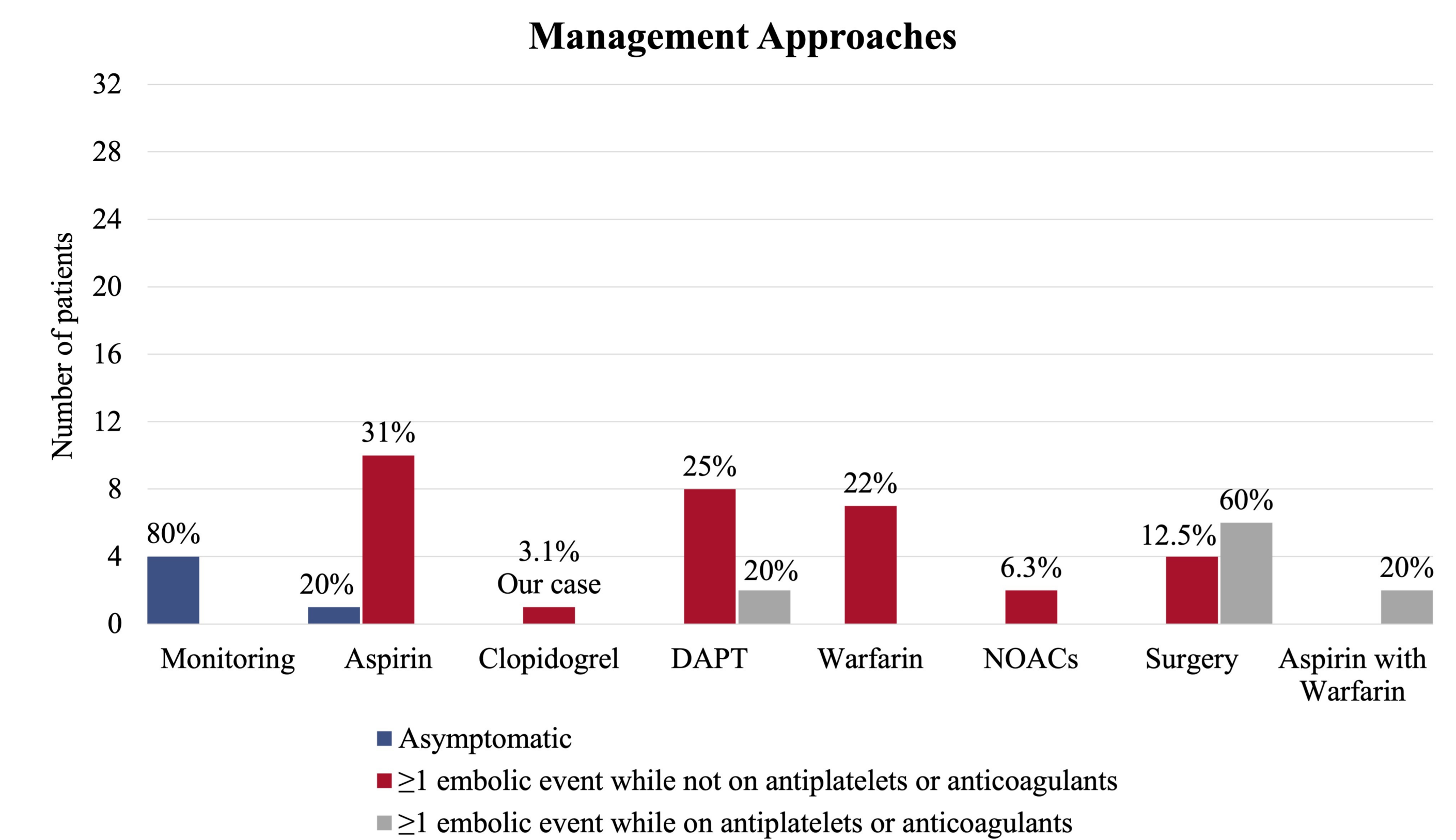


Table 1: Management approaches reported by 30 authors, including the present case.

Conclusion

- LE should be considered in cases of cryptogenic strokes, and TEE is recommended even when TTE appears normal.
- For patients with one or more embolic events attributed to LE who are not receiving antiplatelets or anticoagulants, aspirin is suggested, as it has been the most frequently used treatment and demonstrated a 100% effectiveness rate in preventing recurrent thromboembolic events.
- Well-designed studies with larger cohorts and long-term follow-up are essential to establish management guidelines for LE.

References

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