

# Answer: Acute limb ischaemia and apical abnormality

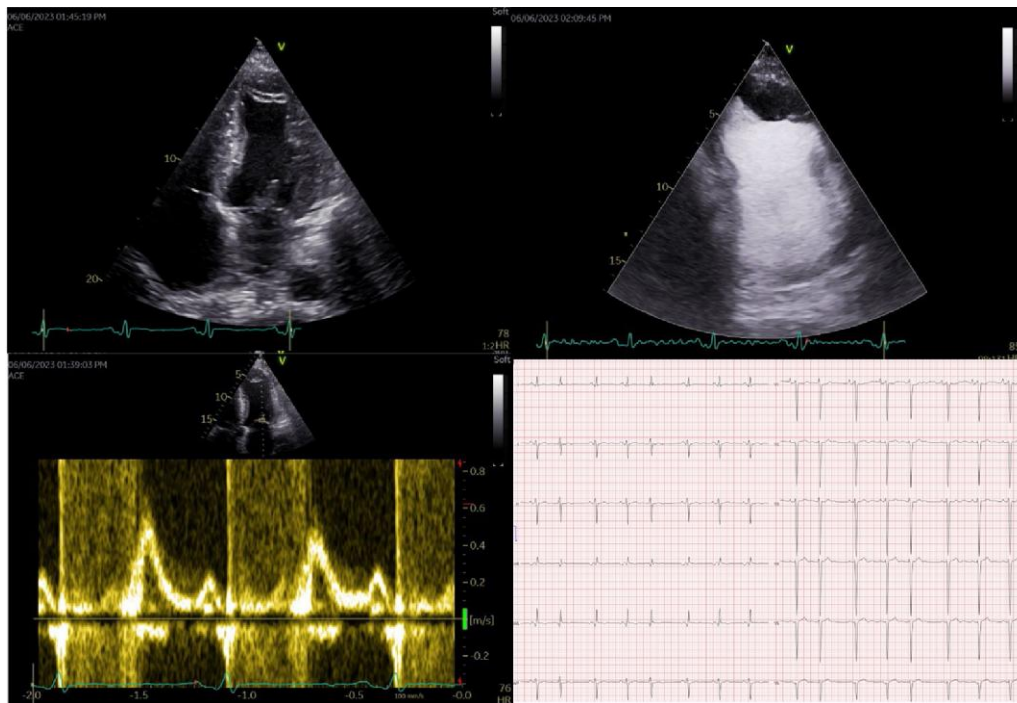
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## Cardiac check-up before surgery shows some unusual abnormality

A 58-year-old man with peripheral artery disease and ischaemic pain at rest had signs of congestion. The electrocardiogram (ECG) showed normal sinus rhythm and reduced R-wave progression in the anterior lead. Echocardiography revealed a reduced left ventricular function, elevated left and right ventricular filling pressures, and an apical abnormality (see [supplementary materials](#) online).



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## Question

What is the most likely diagnosis?

- (1) Intramyocardial dissection
- (2) Left ventricular apical thrombus
- (3) Hypereosinophilic syndrome
- (4) Myxoma

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## Answer

### Left ventricular apical thrombus

Upon examination, we observed a fluctuating, gel-like layered structure along with abnormal wall motion in the apex of the left ventricle. Laboratory results showed no hypereosinophilia. To gain further clarity, we administered an ultrasound enhancing agent, which revealed a non-vascularized mass consistent with a newly formed atrial thrombus resulting from a semi-recent myocardial infarction.

## Supplementary material

[Supplementary material](#) is available at *European Heart Journal: Acute Cardiovascular Care* online.

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None declared.

**Conflict of interest:** None declared.

## Data availability

The data underlying this article will be shared on reasonable request to the corresponding author.