

Resolving Thrombus in the Left Atrial Appendage by Edoxaban Treatment after Acute Ischemic Stroke: Report of 2 Cases

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Here we report first 2 cases of patients with nonvalvular atrial fibrillation with acute cardioembolic stroke in whom thrombi in the left atrial appendage (LAA) were resolved by edoxaban administration. Case 1 reports an 86-year-old woman who suddenly showed right hemiparesis and aphasia due to occlusion of the left middle cerebral artery. She received mechanical thrombectomy and recovered neurologically. Transesophageal echocardiography (TEE) performed on day 1 demonstrated thrombus in the LAA. The thrombus was resolved on day 13 after initiation of edoxaban (30 mg once daily) instead of warfarin, which was administered before stroke onset. Case 2 reports a 49-year-old man who was admitted because of the sudden onset of left hemiparesis and aphasia. TEE demonstrated thrombus in the LAA on day 4, and edoxaban therapy (60 mg once daily) was initiated. The thrombus resolution was observed on day 16, and no embolic stroke occurred. **Key Words:** Edoxaban—resolution—left atrial appendage thrombus—atrial fibrillation. © 2016 National Stroke Association. Published by Elsevier Inc. All rights reserved.

Introduction

Direct oral anticoagulant (DOAC) is used commonly for the prevention of cardioembolic stroke in patients with nonvalvular atrial fibrillation (NVAF). Here we report 2 patients with acute cardiogenic cerebral embolism, in

whom thrombi in the left atrial appendage (LAA) were resolved by administration of edoxaban.

Case Report

Case 1 reports an 86-year-old Japanese woman with NVAF and hypertrophic cardiomyopathy who was transferred to our hospital due to ventricular fibrillation. Her cardiac systolic function was normal, and ejection fraction was 74%, but the value of brain natriuretic peptide was 1110 pg/mL. The left atrium of the patient's heart was large and the size was 47 mm. She received implantation of implantable cardioverter defibrillator when hemodynamics was stable, and the patient noticed the hemiparesis and aphasia 4 days later. National Institutes of Health Stroke Scale score was 24, and prothrombin time international normalized ratio value was 1.54 under the administration of warfarin. There was no early ischemic change in the left cerebral cortex in head computed tomography (Fig 1, A). Tissue plasminogen activator was administered. Digital subtraction angiography showed the left middle cerebral artery

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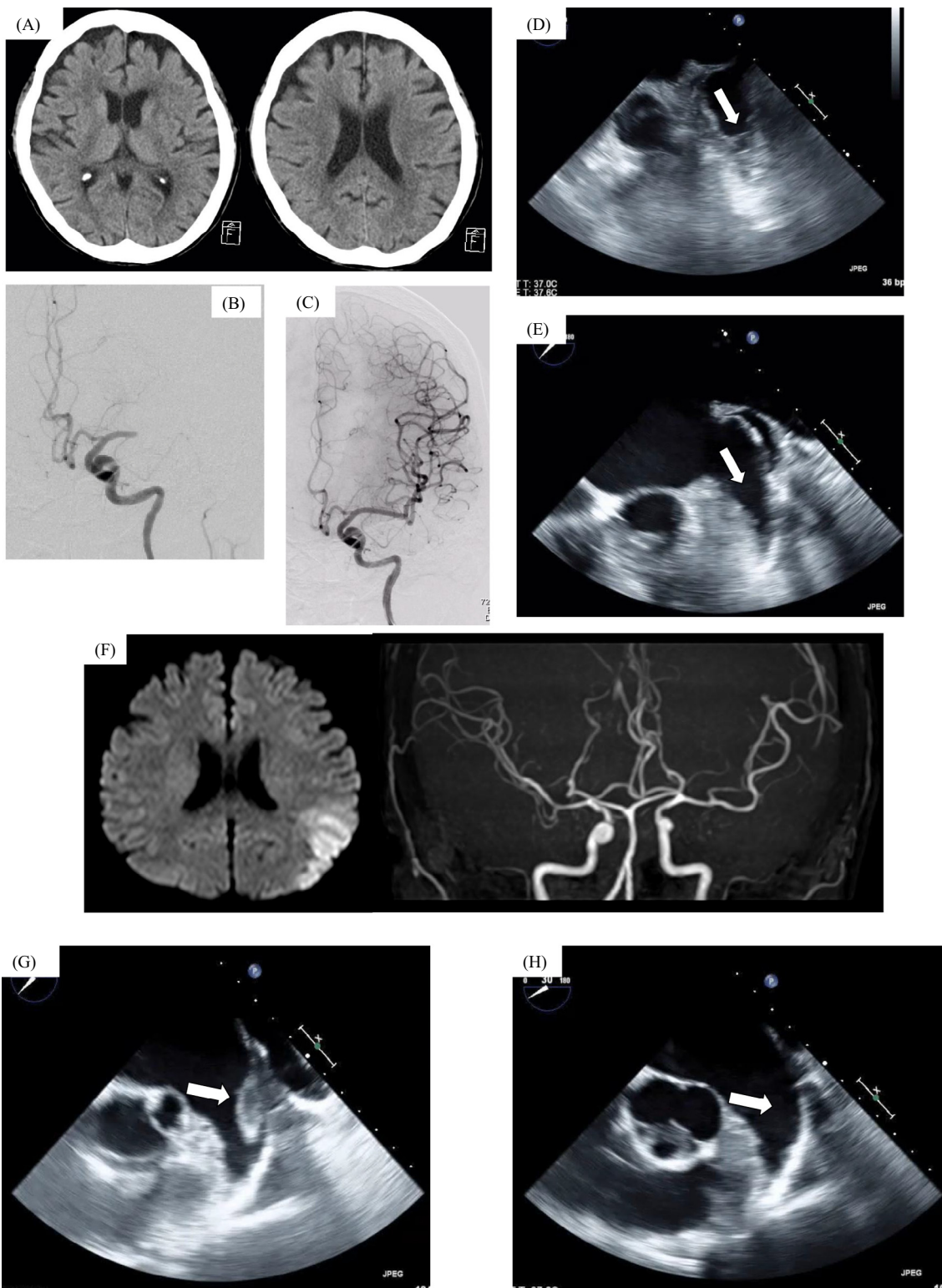


Figure 1. Images in case 1 (A–E) and case 2 (F–H). (A) Head computed tomography showed no early ischemic change in the left cerebral cortex. (B) Digital subtraction angiography showed the left middle cerebral artery occlusion. (C) Mechanical thrombectomy was performed and complete reperfusion was obtained. (D) A thrombus (arrow, 13.3×10.6 mm) in the left atrial appendage (LAA) detected on transesophageal echocardiography (TEE) performed on day 1. (E) Disappeared thrombus by TEE on day 13 after edoxaban therapy. (F) Brain diffusion-weighted magnetic resonance image showed hyperintense signal in the left cerebral cortex. Cerebral artery occlusion was not clear on magnetic resonance angiography. (G) TEE revealed a mobile thrombus (arrow, 27.5×15.0 mm) in the LAA on day 4. (H) Resolved thrombus by TEE on day 16 after edoxaban therapy.

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