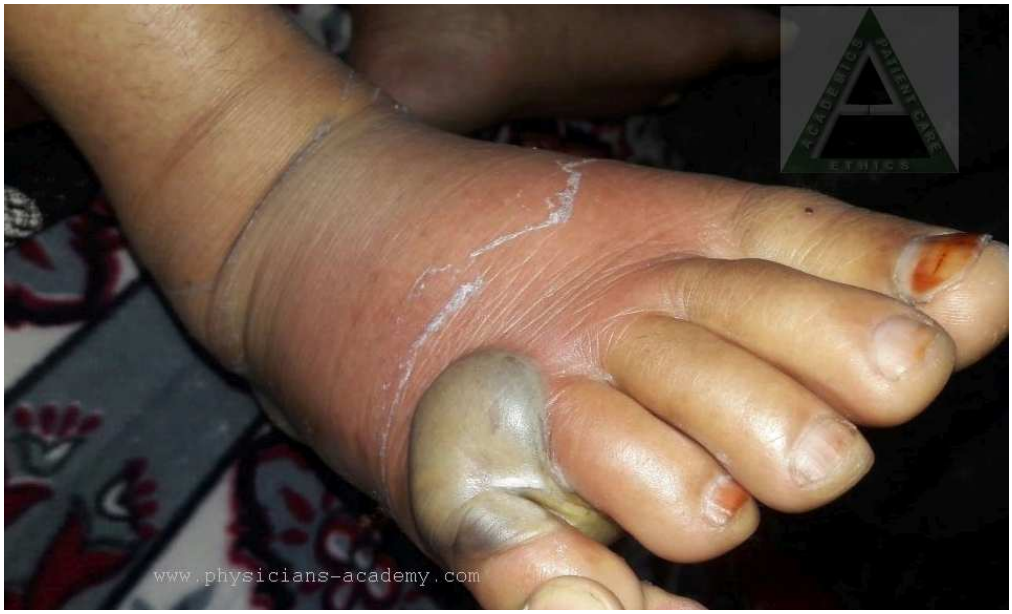
POTM
Physicians Academy
April 2018

APRIL 2018

Picture of The Month

Sarosh Ahmed Khan, MBBS; MD; FACP

This is the right foot of a 48 years old female suffering from Type 2 DM for last one decade. She had a blister on it which became painful and grayish four days after it erupted. She had used a hot water bottle at night to tackle the extreme cold in winter in Kashmir.
Can you guess what has happened?



Contributed by:

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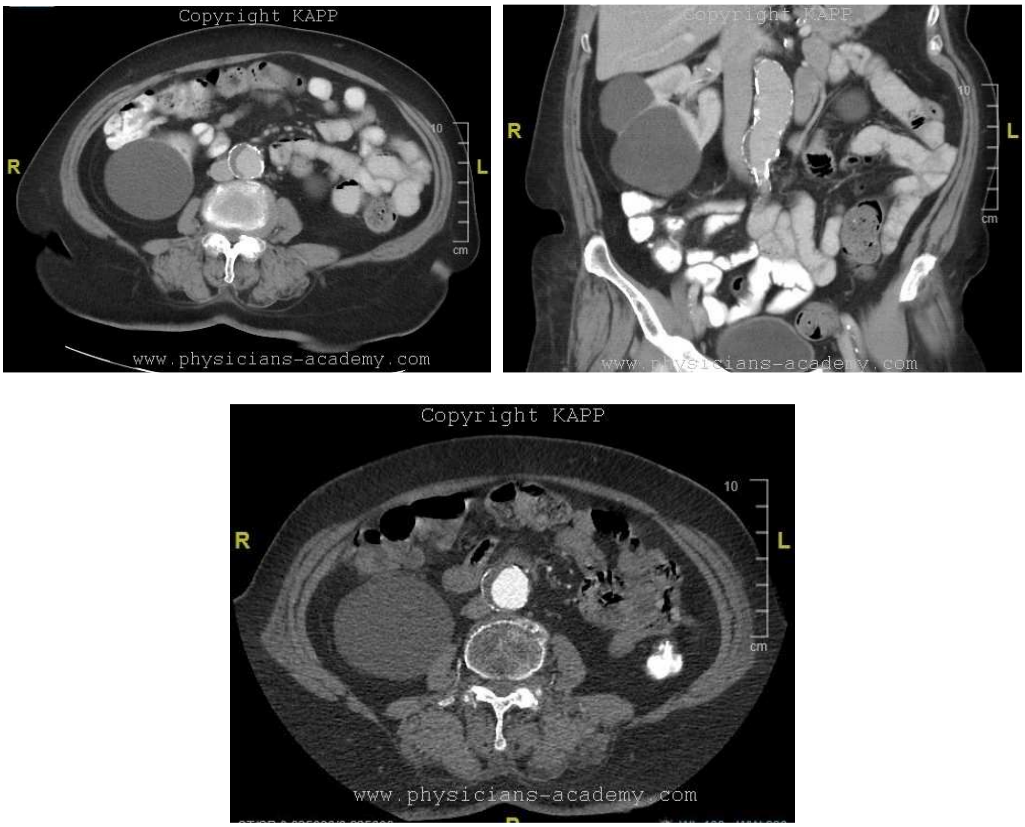
Send your answer to us on Rapid Response.

Answer to last month's POTM March 2018

The patient is a 78 year old lady who is a known case of Diabetes Mellitus, Hypertension, and old CABG done, and presented to our Emergency Department with abdominal pain of one month duration. She had multiple visits to various hospitals in the past few weeks without any relief. Abdominal examination revealed a faint pulsatile mass in the umbilical area. An urgent CT Scan was done which revealed the following (See Fig 1-3): What is the diagnosis?



The Correct Answer:
Primary aortic non-occlusive thrombus, in which a thrombus is adhered to the wall without intimal dissection, is a rare entity and not commonly encountered in routine practice. These thrombi may be associated with atherosclerotic plaques or may evolve de novo in the aorta. Historically it was seen as a paradoxical effect with heparin treatment. In patients with established atherosclerotic disease upon which the thrombus is superimposed, this disease may pursue a more aggressive course. In patients where thrombus is the only finding, an underlying hypercoagulable state due to protein deficiencies has been postulated. In a few cases blunt trauma has been a cause. Mural thrombosis is a potential source of peripheral embolism and many cases have been discovered after such events. Diagnosis is with Ultrasound, CT scan or Magnetic Resonance. The therapeutic treatment for aortic mural thrombosis is debatable and can be medical or surgical.

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