



Figure. (A) Diffusion-weighted MRI showing a large area of restricted diffusion involving the left middle cerebral artery territory. (B) Intraoperative view of right atrium showing atrial septum (single arrow) with thrombus protruding through patent foramen ovale (double arrow).

Post-traumatic paradoxical embolism in patent foramen ovale

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A 60-year-old white woman developed acute-onset right hemiparesis, right facial weakness, and nonfluent aphasia. MRI revealed an acute infarct involving the left middle cerebral artery distribution (figure, A). Transesophageal echocardiography revealed a patent foramen ovale (PFO)

with thrombus in transit noted in the right atrium, right ventricle, and left atrium. The patient had fallen off a tractor 3 days prior and fractured her humerus. Venous duplex showed deep venous thrombosis in the right axillary and basilic vein. Cardiothoracic surgeons performed an atrial thrombectomy and PFO repair (figure, B). In patients with PFO, paradoxical embolism remains a challenging diagnosis that can be made highly probable by documentation of venous thromboses. Interventional closure of a PFO appears to be the treatment of choice in proven paradoxical embolism.¹

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1. Knobloch W, Schlesinger A, Jachs R. Multiple paradoxical emboli in patent foramen ovale. *Deutsch Med Wochenschr* 2001;126:717-721.

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