

Assessment of atrial appendage stasis and thrombosis using MDCT

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We read with great interest the Review by Romero *et al.* (Cardiac imaging for assessment of left atrial appendage stasis and thrombosis. *Nat. Rev. Cardiol.* **11**, 470–480; 2014).¹ This Review is very useful and draws attention to the important points of imaging stasis and thrombosis in the left atrial appendage. Multidetector computed tomography (MDCT) is widely used for the detection of thrombosis.² Spontaneous echocardiographic contrast (SEC) can mimic thrombosis, but is the result of stasis, which can confuse clinicians. Various

CT techniques can be used to differentiate between stasis and thrombosis, such as biphasic examinations^{3,4} or dual energy applications.⁵ We wish to share our experience of differentiating between stasis and thrombosis using MDCT. In our department, patients who are suspected of having thrombosis or SEC are examined in the prone, rather than supine, position. Using MDCT, SEC can mimic thrombosis when the patient is in the supine position (Figure 1a), but disappears in the prone position (Figure 1b). Diagnosis is highly accurate using this simple manoeuvre.

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Competing interests

The authors declare no competing interests.

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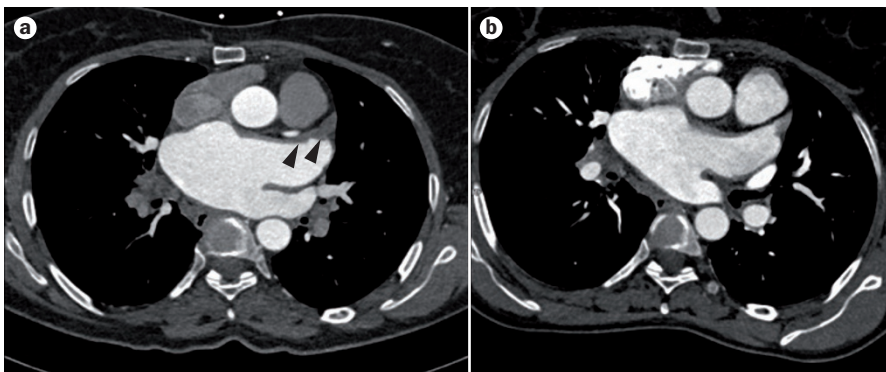


Figure 1 | Differential diagnosis of thrombosis and SEC using multidetector computed tomography. **a** | When a patient is in the supine position, SEC (arrowheads) can mimic thrombosis. **b** | However, when the patient is in the prone position, the SEC disappears. Abbreviation: SEC, spontaneous echocardiographic contrast.