

**Abstract Form**

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<b>Project Title:</b>	EXTENSIVE LEFT VENTRICULAR AND MITRAL VALVE THROMBUS IN A GASTRIC CANCER PATIENT ON DIRECT ORAL ANTICOAGULANTS

**Research Category (please check one):**

<input type="checkbox"/>	<b>Original Research</b>	<input checked="" type="checkbox"/>	<b>Clinical Vignette</b>	<input type="checkbox"/>	<b>Quality Improvement</b>	<input type="checkbox"/>	<b>Medical Education Innovation</b>
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**Abstract**

**Purpose:** Thrombotic events are a common complication of cancer, but it is rare to have arterial thrombosis. This is an unusual case of left ventricular thrombus and multiple thrombi on the mitral valve while taking direct oral anticoagulants (DOAC) in a patient with stage IV gastroesophageal signet ring adenocarcinoma.

**Methods:** Approval was obtained from the IRB at Kern Medical (Study #21094). A single patient chart review was conducted.

**Case Report:** A 45-year-old female with no past medical history presented to the emergency department (ED) with decreased appetite, fatigue, dysphagia, abdominal pain, and unintentional weight loss for 4 months. Esophagogastroduodenoscopy (EGD) showed an epigastric mass that was biopsied. The pathology came back showing stage IV gastroesophageal signet ring adenocarcinoma. During this hospitalization, the patient also had a computerized tomography (CT) of the chest done which showed pulmonary emboli (PE), and was started on apixaban for PE therapy. Four weeks later, a CT of the chest, abdomen, and pelvis was ordered for evaluation of port-a-cath placement evaluation which demonstrated a filling defect within the left ventricular apex measuring 19 x 17 mm. The patient was referred for a transthoracic echocardiogram (TTE) which revealed a large left ventricular thrombus and multiple thrombi on the mitral valve. The patient was then admitted to the hospital for initiation of anticoagulation with therapeutic Lovenox. The patient was then discharged home with therapeutic Lovenox and instructions to follow up with cardiology outpatient.

**Conclusion:** It is well known that there is a link between thromboembolism and cancer but the underlying mechanism is poorly understood. It is believed that there are many ways the cancer cells activate the coagulation system such as having the ability to produce and secrete procoagulant/fibrinolytic substances and inflammatory cytokines. Deep vein thrombosis (DVT) and pulmonary embolism (PE) are common complications in patients with cancer but arterial thrombosis secondary to malignancy is rare. The case highlights a rare presentation of a large left ventricular thrombus and multiple thrombi in the mitral valve in a patient with stage IV gastroesophageal signet ring adenocarcinoma that was already on a DOAC for a known PE.