Primary aortic mural thrombus (PAMT) is defined as the occurrence of thrombus in a non-aneurysmal and minimally atherosclerotic aorta.

**PRESENTATION**

In all cases initial presentation was an embolic event to the limb and required surgical embolectomy. CT scan showed associated visceral embolism in three patients (43%).

**SYMPTOMATIC**

- Incidental found on CT
- Abdominal Pain 3
- Chest pain 3
- Flank pain 1
- Upper extremity emboli 1
- Lower extremity emboli 24
- Visceral emboli 26
- Renal emboli 2
- Splenic emboli 2
- Hepatic emboli 2

**ASSYMPTOMATIC**

- Incidental emboli 3
- Upper extremity emboli 1

**CAUSES**

- Idiopathic – 2 (29%)
- Prothrombotic Conditions – 5
  - Hyperhomocysteinemia – 3 (43%)
  - Factor V Leiden Mutation – 1 (14%)
  - Malignancy – 1 (14%)

**LOCATION**

- Thoracic Aorta – 5 (71%)
  - Ascending – 1
  - Arch – 2
  - Descending – 2
- Abdominal Aorta – 2 (29%)
  - Infra-renal – 2

**TREATMENT**

There are currently no guidelines or consensus to outline the ideal initial management for this problem.

**CLASSIFICATION**

- **ASSYMPTOMATIC**
  - Incidental found on CT
- **SYMPTOMATIC**
  - Abdominal Pain 3
  - Chest pain 3
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**MANAGEMENT**

Six patients were included.

**Methods**

We performed a retrospective analysis of patients diagnosed with PAMT between January 2015 and March 2018 in our institution. We reviewed demographic data, risk factors, clinical presentation, localization of thrombus, treatment and follow-up.

**Results**

**DEMOGRAPHICS**

- Seven patients with PAMT were included
- Mean age 47.7 years; Male/female ratio 1:2.5

**PRESENTATION**

- Image 1

- Visceral embolism in three patients (43%).

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**MORPHOLOGY**

- Sesile – 2 (29%)
- Pendunculated – 5 (71%)

**DISCUSSION**

PAMT must be considered in the differential diagnosis of peripheral embolism when no cardiac source is identified. Although anticoagulation therapy is associated with high thrombus resolution rates (77% in our group), it is also associated with high recurrence rates (50% in our group). We found that only 17% of our patients which were treated with anticoagulation alone had complete resolution of thrombus with no recurrence during early follow-up (2 months).

**IS ANTICOAGULATION ALONE THE BEST INITIAL APPROACH?**

Recent metanalysis on PTMA report recurrence rates between 30%-35% when initial management is anticoagulation alone. They refer to ENDOVASCULAR THERAPY as and useful alternative as a first-line option for PAMT, associated with no recurrence and low complications but further study and specific indications for its use are still required.