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Intracardiac thrombosis during orthotopic liver transplantation: A case report

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Intracardiac thrombosis (ICT) during orthotopic liver transplantation (OLT) is not a common event; however, it is associated with high mortality. Although many risk factors are suggested, these events were considered multifactorial. We are reporting a case of right cardiac chamber thrombus during OLT presented as a sudden cardiac arrest during reperfusion stage. A 54-year-old male with history of decompensated liver disease secondary to primary biliary cirrhosis with secondary portal hypertension, ascites, and hydrothorax who presented for liver transplantation with MELD (Model for End-Stage Liver Disease) score of 31. Patient was listed for liver transplantation from a deceased donor. Pertinent pre-operative laboratory studies showed PT of 38 seconds, INR of 1.27, PTT of 15.9 seconds, and platelets of 331X10⁹/L. Intraoperatively, reperfusion was not well tolerated. Severe hypotension developed, followed by cardiac arrest with chest compressions for 1 minute. Ventricular fibrillation and ventricular tachycardia were recorded. Trans-esophageal Echocardiogram (TEE) showed right sided intra cardiac thrombus. Heparin 5000 Units was administered with clot resolution. Patient developed profound coagulopathy post reperfusion. Despite one hour of packing and resuscitation, reversal was not sufficient for definitive closure. Temporary abdominal closure was performed. Unfortunately, patient's course postoperatively was further complicated; including liver ischemia, renal failure and wound infection. Eventually, the received liver didn't recover; patient was relisted and re-transplanted with a favorable outcome. Cardiac thrombosis should always be considered in patients having hemodynamic compromise during liver transplant surgery. TEE is a useful diagnostic tool in identifying these thrombi intraoperatively. Treatment and prevention of ICT is challenging.

Biography

Waleed Al Darzi has completed his Medical School from Ain Shams University, Faculty of Medicine, Egypt. He is ECFMG certified. He is currently a second year Internal Medicine Resident at Henry Ford Hospital, Detroit, Michigan, USA.

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