



The patient was referred for atriotomy and pulmonary embolectomy on cardiopulmonary bypass (Figure 3).

A thrombus in transit is a life-threatening, albeit rare, type of right-heart thrombosis with mortality rates of 80-100% in untreated patients,¹ necessitating urgent assessment and treatment. A thrombus in transit can result in catastrophic systemic embolism in a patient with PTE; therefore, taking heed of this issue in the presence of a right atrial mass is of great therapeutic significance. Meticulous imaging modalities in such patients are mandatory to prove the existence of a patent foramen ovale with a view to deciding on an emergent individualized therapeutic management of the patient's condition.



Figure 2. Bilateral massive pulmonary thromboembolism (arrow) in multi-detector computed tomography angiography



Figure 3. Large embolus extracted via atriotomy

References

1. Otoupalova E, Dalal B, Renard B. Right heart thrombus in transit: a series of two cases. *Crit Ultrasound J* 2017;9:14.

To watch the following videos, please refer to the relevant URLs:

<http://jtch.tums.ac.ir/index.php/jtch/article/view/911/856>

Video 1. 2D transesophageal echocardiography (short-axis view) of the mid-esophageal aortic valve, showing a highly mobile mass trapped in a patent foramen ovale