

## CLINICAL VIDEO

# Specific situations may require different relative indications

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**Abstract**

In specific situations such as patient with severely dilated left ventricle (LV) and spontaneous echo contrast (SEC) who suffered an ischemic stroke previously may be an acceptable indication for oral anticoagulation to prevent further TE events.

**KEYWORDS**

anticoagulation, dilated cardiomyopathy

## 1 | CASE PRESENTATION

Heart failure (HF) associated with endocardial and endo-thelial dysfunction in addition to intracardiac stasis which facilitates formation of thrombus. HF is the second most common cause of cardioembolic stroke after atrial fibrillation.<sup>1</sup> Although trials in HF patients in sinus rhythm have failed to demonstrate a net clinical benefit of oral anticoagulation to prevent thromboembolic (TE) events,<sup>2</sup> in specific situations such as patient with severely dilated left ventricle (LV) and spontaneous echo contrast (SEC) who suffered an ischemic stroke previously may be a relatively acceptable indication for oral anticoagulation to prevent further TE events in this specific situation.

A 48-year-old gentleman admitted with an exacerbation of chronic heart failure. He is a known case of ischemic cardiomyopathy and severely depressed systolic function. He had ischemic stroke 2 months prior to admission treated with thrombolytic therapy. Echocardiography demonstrated severely dilated hypokinetic LV with SEC inside LV (normal gain in echo setting) (Video S1, S2). Based on history of stroke and echo findings in young patient with relatively low bleeding risk, we replaced antiplatelet with oral

anticoagulation in order to prevent further TE events in such specific situation.

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**CONFLICT OF INTEREST**

Not declared.

**AUTHOR CONTRIBUTIONS**

TZ and OM: collected the information and drafted the manuscript. ZB: revised and approved the final manuscript. Our working Web site is www.kockw.com Kuwait Oil company, Ahmadi hospital.

**CONSENT**

Informed consent was obtained from the patient for the publication of this clinical image.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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