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【 PICTURES IN CLINICAL MEDICINE 】

Löffler's Endocarditis: The Importance of the Direction of Thrombus Resolution

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Key words: autopsy, echocardiography, endocarditis, Löffler's, thrombus

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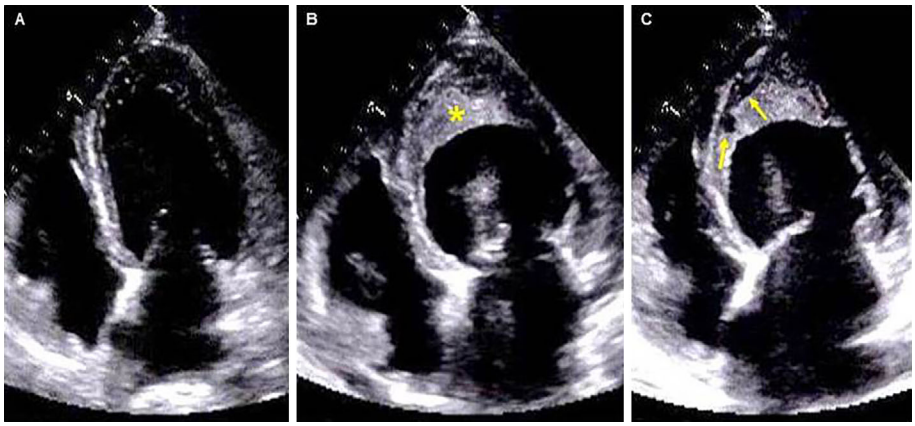
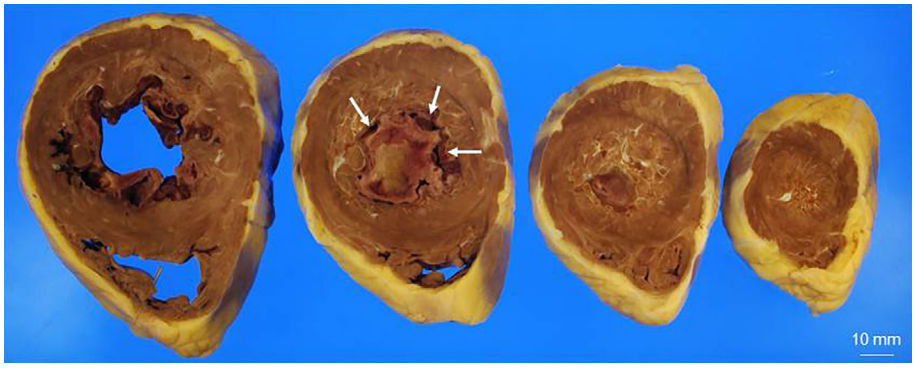


Picture 1.



Picture 2.

A 60-year-old man with a history of myelofibrosis presented with breathing difficulty. Although echocardiography, which had been performed eight months previously, revealed normal findings (Picture 1A), the left ventricular apical cavity was found to be covered with an abnormal structure (Picture 1B, asterisk). A diagnosis of Löffler's endocarditis was made based on the patient's peripheral eosinophil count (11,934 cells/μL). The initiation of medical therapy, which included heparin, warfarin, antiplatelet agents, steroids, and immunosuppressants, resulted in little improvement. Follow-up echocardiography, performed one month later, showed spaces between the thrombi and the left ventricular endocar-

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dium (Picture 1C, arrows). Although the patient did not experience an embolism, he died of cytomegalovirus pneumonia. The spaces around the organized thrombi were confirmed at autopsy (Picture 2, arrows). The treatment of Löffler's endocarditis is unsatisfactory and the disease is associated with a poor prognosis due to underlying comorbidities and the incidence of thromboembolic events (1, 2). The current case may highlight the importance of the direction of thrombus resolution - specifically, that it occurs from both the side of the cavity and the side of the endocardium.

The authors state that they have no Conflict of Interest (COI).

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