**MASSIVE THROMBOSIS OF STRUCTURALLY NORMAL MITRAL VALVE IN PRIMARY ANTI-PHOSPHOLIPID ANTIBODY SYNDROME**

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*Background:* Primary antiphospholipid antibody syndrome (PAPS) is frequently associated with small non-inflammatory lesions including non-bacterial, thrombotic vegetations. Few cases of large, hemodynamically significant valvular thrombi have been documented. We present the largest reported valvular thrombus on an otherwise structurally normal mitral valve in a 43 year old man with undiagnosed PAPS.

*Case report:* Patient presented with sudden onset of dysarthria and expressive aphasia. CT and MRI of the brain confirmed right frontal lobe infarcts and CTA was consistent with embolic obstruction of second division of middle cerebral artery. Transthoracic echocardiogram revealed a large mass on anterior mitral leaflet of mitral valve. Two and three-dimensional transesophageal echocardiogram confirmed presence of a large (37x24 mm), multilobulated, echogenic, highly mobile mass on atrial aspect of anterior mitral leaflet (figures 1A and 1B) that prevented leaflet coaptation and caused moderate regurgitation. IgG anti-cardiolipin antibody was elevated [116 Units/ml (normal <10)] and lupus anticoagulant profile was highly abnormal [dilute Russel viper venom test time (97.4 s, normal <55.1), PTT-LA time (107.8 s, normal <50), hexagonal phase neutralization time (51.7 s, normal <8s), dilute PT time (96.1 s, normal <55), PTT-LA mix time (99.5 s, normal <50.0), dPT confirm ratio (1.67, normal <1.2) dRVVT confirm ratio (2.5, normal <1.4) and DRVVT mixing time (82.7 s, normal <45.4). ANA antibodies were negative. Patient underwent mitral valve replacement due to the massive size of the thrombus. All blood and specimen cultures were negative for infective endocarditis and resected mass (figure 1C) was consistent with layered thrombus of different ages (figure 1D).

*Conclusion:* Massive valvular thrombosis of otherwise structurally normal native valves may be the presenting feature of PAPS and should be included in the differential diagnosis of large valvular lesions in the adult.

