Descending Thoracic Aortic Mural Thrombus Presentation and Treatment Strategies  by Karol Meyermann

**Background:** Thoracic aortic mural thrombi of the descending aorta are rare, but can result in dramatic embolic events. There is not a consensus on ideal initial treatment.

**Methods:** A review of the literature was conducted and all relevant publications describing descending TAMT of the past 15 years were reviewed. Variables included for this analysis were presentation, initial treatment strategy employed, outcome measures of thrombus resolution or regression, recurrence of symptomatic emboli, and mortality.

**Results:** Seventy-four patients were included. Women were more likely to be reported with descending TAMT. The majority (82.4%) of cases reported were diagnosed after an embolic event. Patients were equally likely to receive medical, open surgical, or endovascular therapy as the initial treatment. There is a trend within the past five years to report cases describing successful deployment of TEVAR for initial management. Of patients who underwent medical management, nine patients (34.6%) had persistent thrombus. Of the patients who underwent open surgical repair, six patients (31.6%) had persistent thrombus; of these patients, four underwent endovascular repair. Twenty-nine (39.2%) of patients with descending TAMT underwent TEVAR. Twenty-seven (93.1%) had fully excluded thrombus at the time of their procedure with no recurrence or evidence of repeat embolic phenomena at follow-up.

**Conclusion:** While mobile thrombus of the thoracic aorta is uncommon, it must be considered in the differential diagnosis of embolic events. Although endovascular therapy may be a useful first line option for TAMT with positive outcomes reports in select literature, further study on this treatment is required.