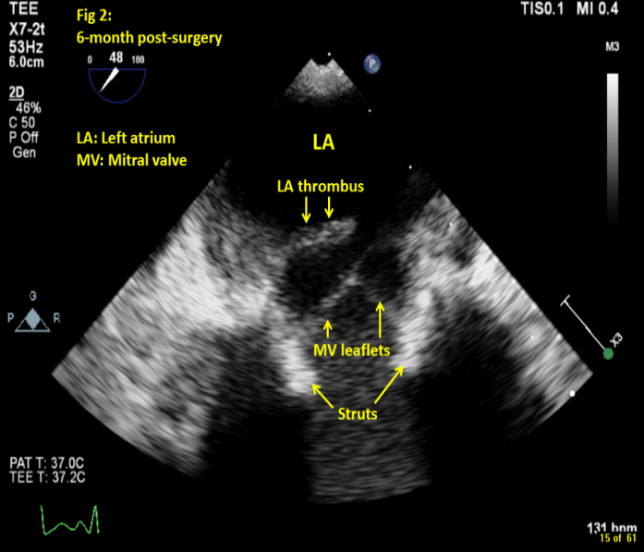
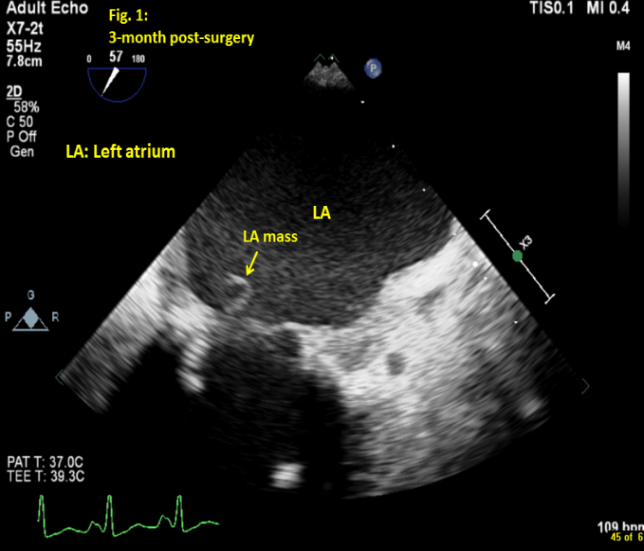
**INTRACARDIAC THROMBUS IN A WARFARIN RESISTANT PATIENT**

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*Introduction*: Warfarin has been the drug of choice for prophylaxis of thromboembolic events in atrial fibrillation and post-valvular surgeries. Its resistance is not an unknown phenomenon. We report a case of increscent intracardiac thrombus in a patient with warfarin resistance leading to recurrent thromboembolic events.

*Case Report*: Our case is of a 75-year-old African-American female with history of paroxysmal atrial fibrillation (PAF) for which she was on warfarin. She underwent replacement of mitral valve (MV) with a bioprosthetic valve for mitral regurgitation. Given the history of PAF, left atrial appendage was over-sewn. Two- and three-months postoperatively she had two episodes of CVA, respectively despite adequate anticoagulation. Transesophageal echocardiogram (TEE) during the latter episode showed a thrombus on the MV ring (Fig. 1). Four-month post-surgery she had a new splenic infarct and warfarin was continued. She returned at six-months postoperatively with recurrent splenic infarct. TEE showed enlarged thrombus on the MV (Fig. 2). She was considered warfarin resistant. She was not a candidate for novel anticoagulation (NOAC) because of the prosthetic valve, so enoxaparin was chosen.

*Conclusion*: There is no data to support genetic testing to guide warfarin dosing in African-American patients. Alternative anticoagulation should be considered in such patients.