- 9 Takeishi Y, Tonooka I, Ikeda K, Komatani A, Tsuiki K, Yasui S. Dilatation of the left ventricular cavity on dipyridamole thallium-201 imaging: A new marker of triple-vessel disease. *Am Heart J* 1991;121:466-75.
- 10 Takeishi Y, Tonooka I, Meguro M, Hoshi H, Masakane I, Ikeda K, *et al.* The relationship between chest pain during thallium-201 scintigraphy with dipyridamole and myocardial ischaemia. *Jpn Circ J* 1991;55:465-72.
- 11 Parodi O, Neglia D, Marcassa C, Marzullo P, Sambucetti G. Right coronary artery disease. Pathophysiology, clinical relevance, and methods for recognition. *Circulation* 1991; 3:III-54-61.
- 12 Andersen HR, Falk E, Nielsen D. Right ventricular infarction: Frequency, size and topography in coronary heart disease: A prospective study comprising 107 consecutive autopsies from a coronary care unit. *J Am Coll Cardiol* 1987;10:1223-32.
- 13 Isner JM, Roberts WC. Right ventricular infarction complicating left ventricular infarction secondary to coronary heart disease. *Am J Cardiol* 1978;42:885-94.
- 14 Isner JM. Right ventricular myocardial infarction. *JAMA* 1988;259:712-8.

IMAGES IN CARDIOLOGY

A threatened paradoxical embolism

A 25 year old man with no medical history underwent splenectomy because of a post-traumatic haemorrhagic syndrome. Three weeks later he was admitted to hospital because of severe pulmonary embolism with haemodynamic instability. Transthoracic echocardiography detected a large thrombus in the right atrium. Phlebography identified a massive thrombosis in the left iliac artery. Open-heart surgery with full cardiopulmonary bypass was performed to remove the embolus from the inter-atrial septum as well as from the pulmonary artery. This embolectomy was guided by transoesophageal echocardiography which demonstrated direct evidence of an

impending paradoxical embolism. A thrombus (black star in A) was seen trapped across the interatrial septum (IAS) and passing through a patent foramen ovale (PFO). Severe bowing of the IAS into the left atrium (LA) throughout the cardiac cycle indicated an increase in right atrial pressure. (RA, right atrium; A, aorta). A 10 cm thrombus was dislodged from the PFO (B). It is noteworthy that systemic embolism had not occurred. The patient remained well during three months of follow up.

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