

Review of: "Unilateral Posterior Spinal Cord Ischemia due to a Floating Thrombus: a case Report"

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Potential competing interests: No potential competing interests to declare.

The authors present a well documented case study demonstrating a left-lateral posterior hemi-chord spinal infarct with corresponding neurological deficits. They hypothesize, in the absence of left vertebral artery pathology, that the cause of the spinal cord infarct was embolization from a "floating thrombus" in ascending aorta documented by CT angiography. My criticism of this manuscript is confined to the author's conclusion that the ascending aortic thrombus is "floating" based upon a static CT image which appears to show a sessile rather than a mobile atheromatous lesion. A transesophageal echocardiogram would be the best (and probably only) way to demonstrate a mobile (floating) thrombus, which is often pedunculated. The fact that the thrombus was unchanged in size on the 3-month study and continuous to appear sessile, also tends to rule against this being the source of an embolus. Nevertheless, there does not appear to be any other valid explanation for the spinal infarct.