

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

Tiziano Tallarita<sup>1</sup>

<sup>1</sup> Mayo Foundation for Medical Education and Research

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This article highlights a controversial and rare scenario of symptomatic, free-floating ascending aorta thrombus that had likely caused unilateral posterior spinal cord stroke.

The authors reviewed possible causes of aortic thrombus formation as well as the potential mechanisms of spinal cord ischemia.

There are no guidelines how to manage free-floating thrombus in the ascending aorta.

The literature is divided between surgical and conservative management with anticoagulation, antiplatelet, and optimization of the cardiovascular risk factors for atherosclerotic disease.

The authors were able to successfully manage their patient conservatively.

Despite they mentioned that these lesions can be approached in different ways depending on the size and location, the authors made a statement that their preferred method of treatment for unstable aortic plaques or aortic floating thrombus is conservative. This statement was based on reference 3, which is a small series of only 5 patients found to have symptomatic, free-floating aortic thrombus. In the same reference, one of the 5 patients underwent surgical treatment and another one experienced formation of a new aortic thrombus despite being on anticoagulation, emphasizing the unpredictable behavior of such lesion.

There are several case reports of surgical treatment of free-floating ascending aorta thrombus, because of the fear that a symptomatic, free-floating thrombus can embolize again.

The descending and abdominal aorta are more suitable for endovascular treatment if a decision to intervene is made, as shown by the numerous publications on this strategy.

In summary, this case report reviews very well the etiology, pathophysiology, and potential treatments of an uncommon scenario such as an embolizing, free-floating, ascending aorta thrombus, which has caused a unilateral posterior spinal stroke.