**Introduction**

Patent foramen ovale (PFO) is a congenital cardiac abnormality, which occurs when there is failure of fusion of the septum primum and secundum before the second birthday. This failure of fusion results in a defect of the septum between the atria, which varies in size from 3-6mm. PFO is present in 20-30% of the adult population, and while it is usually asymptomatic, can become symptomatic when associated with other disorders.

**Case**

A 72 year-old women with past medical history of hypertension and chronic bronchitis presented with complaints of progressive shortness of breath over the past several months. On the day of presentation the patient has associated symptoms of lightheadedness, diaphoresis, and extreme dyspnea on exertion. Upon initial evaluation in the emergency department, the patient had decreased oxygen saturation, was tachycardic, and tachypnic when speaking several word sentences. Physical exam showed clear breath sounds throughout, tachycardia, and an elevated jugular venous pressure of 10cm at 15 degrees. Portable chest x-ray did not show any cardiopulmonary abnormalities. Laboratory studies were significant for a troponin of 0.036 ng/ml, brain natriuretic peptide of 1230 pg/nl, and a creatinine of 1.7mg/dL. Ventilation/perfusion scan results suggested a high probability for pulmonary emboli. Transthoracic echocardiogram showed serpentine masses invading both atria, elevated pulmonary artery pressures, and moderate mitral regurgitation. Transesophageal echocardiogram demonstrated the presence of patent foramen ovale with thrombus traversing the foramen and occupying both atria. Shortly after transesophageal echocardiogram, the patient suffered a large territory middle cerebral artery stroke. Cardiothoracic surgery urgently repaired the PFO and removed the thrombus. Further studies revealed that the patient had a right popliteal deep vein thrombosis, and an IVC filter was ultimately placed.

**Discussion**

Thrombus traversing a patent foramen ovale is a rare condition; patients present with symptoms of embolic phenomenon be it pulmonary embolism or paradoxical stroke. Little is known about what the nidus for clot formation is, and patients with few risk factors for peripheral clot formation may still develop these thrombi. Physicians should keep a heightened clinical suspicion for patent foramen ovale with traversing thrombus when patients present with persistent embolic events despite therapeutic anticoagulation or with evidence of multiple embolic events.

**References**