INTRODUCTION

Atrial fibrillation (AF) is a relatively common arrhythmia that is more prevalent in men with increasing age **[Go et al., 2001].**

Guidelines published strongly recommended that outpatients without a contraindication to warfarin who have been in AF for more than 48 hours should receive three to four weeks of warfarin prior to and after cardioversion **[Singer et al., 2008].**

Spontaneous echo contrast was related to hemodynamic and hemostatic abnormalities and an increased risk of stroke and thromboembolism **[Bernhardt et al., 2005].**

Right atrial or atrial appendage thrombi can be easily seen by TEE. They are much less common than left atrial thrombi in patients in AF, occurring in 3to 6 percent of cases (versus 15 to 20 percent for left atrial thrombi) **[De Divitiis et al, 1997].**

The main advantage of TEE is its ability to detect atrial thrombi and patients at risk for thrombi because of the presence

of spontaneous echo contrast or reduced left atrial appendage blood flow velocity. [**Collins et al, 1995 - Fuster, et al., 2006**]

These previous appreciations emphasize the fact that the TEE shortens the previous time of anticoagulation, stratificates the risk in patients with high and low risk according to the thrombus presence criteria, the appendage flow velocities and the echo contrast presence and confirm the anticoagulation to all the patients diagnosed as AF & post cardioverted patients**.**

[Grimm et al, 1993 - Farking et al, 1994]