A 74-year-old male with a history of essential thrombocythemia treated with hydroxyurea presented with epigastric abdominal pain. An emergency blood test demonstrated thrombocytopsis (902,000 platelets/µL). Abdominal computed tomography (CT) revealed the presence of a thrombus in the initial portion of the abdominal aorta (Fig. 1A and B, left) as well as hypodense lesions of the spleen compatible with splenic infarctions. A conservative approach was decided; antiplatelet treatment was initiated and the patient had a favourable response. One month later, abdominal CT confirmed the disappearance of the aortic thrombus (Fig. 1C, right).

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