

Clinical Image

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Left atrial myxoma obstructing mitral valve orifice

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Clinical image description

A 66-year-old man complained of dyspnea on exertion associated with occasional palpitation for several weeks. There was no chest pain nor syncope. The physical examination was unremarkable. He has a history of rapid atrial fibrillation which was converted to sinus rhythm with intravenous Amiodarone infusion. An Electrocardiogram (ECG) showed sinus rhythm with no ST-T changes. Transthoracic Echocardiography (TTE) showed a large left atrial myxoma measuring 5.3 cm x 3.4 cm with obstruction to the mitral valve orifice. There were no features of pericardial effusion nor infective endocarditis (Figures 1 and 2) (Supplementary videos 1 and 2). The patient underwent surgical excision of the left atrium mass which was later confirmed as cardiac myxoma on histopathological examination. The patient had an uneventful post-operative recovery.

Cardiac myxomas are the most common type of primary cardiac tumor. About 70-80% of cardiac myxomas occur in the left atrium and 10-20% occur in the right atrium [1]. Atrial myxomas can present with asymptomatic, exertional dyspnea, syncope, angina, palpitation, fever, weight loss, and systemic embolization [2]. Sometimes, they may be accidentally found during a routine medical check-up. Echocardiography is the gold standard for the diagnosis of cardiac myxomas. It can identify the size, site, and mobility and also differentiate between myxomas, vegetation, and thrombus. Computed Tomography (CT) may show an intra-cardiac filling defect [1]. A histopathological diagnosis is necessary to confirm the diagnosis.

Surgical resection is the best treatment to prevent complications like embolization, arrhythmia, and death due to obstruction. Local recurrence is uncommon [3].

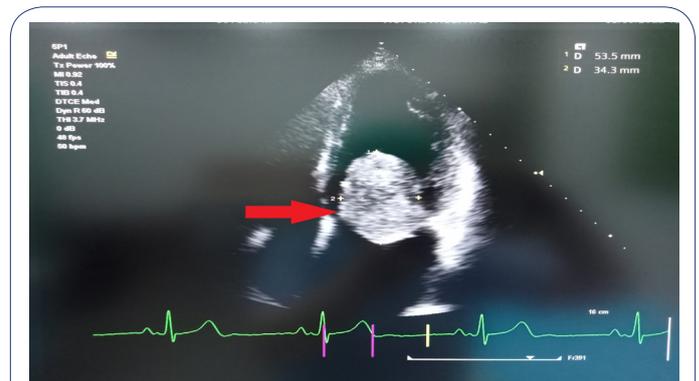


Figure 1: Echocardiogram apical four-chamber view showing large left atrial mass (5.3 cm x 3.4 cm) obstructing mitral valve orifice.

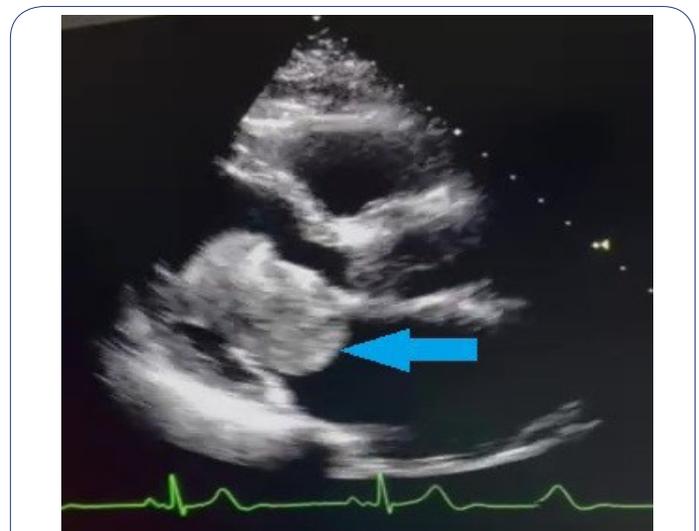


Figure 2: Echocardiogram parasternal long axis view showing left atrial mass obstructing mitral valve orifice.

Declarations

Acknowledgement: None.

Conflict of interest: No conflict of interest

Consent: Written informed consent has been obtained from the patient.

References

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