

Left Atrial Myxoma Nearly Causing Total Obstruction in Mitral Orifice

MİTRAL ORİFİSTE HEMEN HEMEN TAM TIKANIKLIĞA YOL AÇAN SOL ATRİYAL MİKSOMA

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A 64-year-old woman, who had an attack of presyncope approximately 1 month ago, was admitted to the department of neurology for possible causes of transient ischemic attack. Neurological examination, vertebral-carotid Doppler ultrasonography and cranial computed tomography showed no abnormality. So an intracardiac mass (thrombus, vegetation, or myxoma) could be the reason. The patient was referred to our department. She had no history of any cardiac disease. On physical examination of the cardiovascular system, the pathognomonic tumor plop and a pansystolic murmur of grade 2/6 were heard on auscultation. Her electrocardiogram revealed sinus tachycardia with heart rate of 110 bpm. Laboratory tests revealed an increased erythrocyte sedimentation rate of 92 mm/hr and normocytic-normochromic anemia concerning a chronic disease. Thereafter, the patient was referred to echocardiography laboratory. A real-time echocardiographic multi-plane (tri-plane) and three-dimensional scanning with volume rendering mode (4D) was performed (1.5-3.6 MHz 3V full matrix-array probe was used in GE Medical Systems,

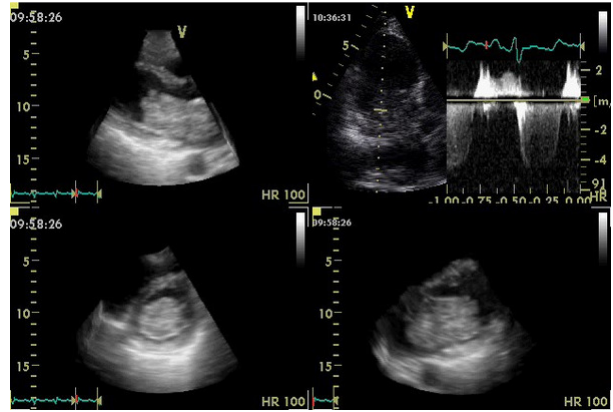


Figure 1. Four-dimensional transthoracic echocardiography showing the huge left atrial myxoma which has caused an obstruction and a mean transmitral pressure gradient of 11 mmHg.

Vivid 7 Dimension, Horten, Norway). A large left atrial myxoma (60 x 30 mm) attached to interatrial septum was demonstrated in various views (Figure 1). It was causing obstruction with maximum/mean diastolic pressure gradients of 17/11 mmHg. Surgical treatment was decided for the curative therapy.

Myxoma is a type of tumor. Cardiac myxoma is the most common benign tumor of the heart, comprising almost half of all cardiac tumors with female predominance. Although all cardiac chambers might be affected, most myxomas occur in the left atrium as a solitary mass. They might be sporadic or familial with autosomal dominant transmission. Although cardiac myxoma is generally

Geliş Tarihi/Received: 24.08.2006 Kabul Tarihi/Accepted: 19.10.2006

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Türkiye Klinikleri J Cardiovasc Sci 2006, 18

benign tumor, some clinical conditions like embolism, intracardiac obstructive states, and neoplasm-related states might occur.¹

The first choice of therapy for cardiac myxoma is surgical resection of the tumor.² In conclusion, all patients with transient ischemic attack/stroke should have an echocardiographic examination for possible intracardiac masses. In this term, the three-dimensional echocardiography

provides an excellent assessment of cardiac chambers.

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