

## A Rare Cause of Syncope: Original Image

## Nadir Görülen Bir Senkop Nedeni

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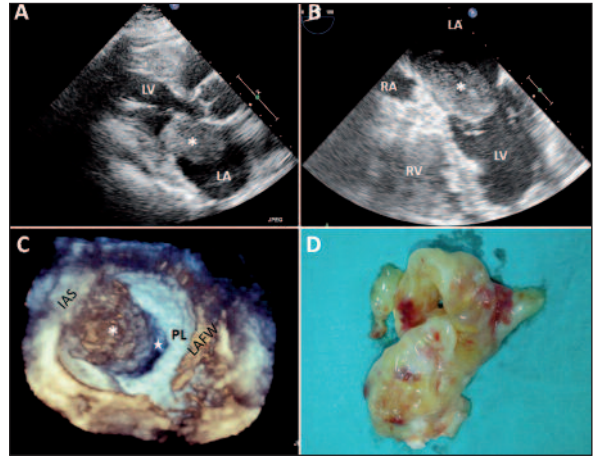
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atrial myxoma, familial

**Anahtar Kelimeler:** Senkop;  
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A 56-year-old female patient presented with recurrent syncopal attacks. A 2/4 diastolic murmur was heard at mesocardiac area on physical examination, and her electrocardiogram showed normal sinus rhythm. On transthoracic echocardiography, a mobile mass of 5x3.2 cm in left atrium originating from interatrial septum was seen (Figure 1A and video 1). She had mild mitral stenosis and regurgitation. On 2D and 3D transesophageal echocardiography, the mass was seen moving to the left ventricle inflow and creating obstruction (Figure 1B, C and video 2, 3). The mitral valve area by pressure half time and mean gradient were 1.7 cm<sup>2</sup> and 7 mmHg respectively. The patient was operated and the mass was reported to be myxoma (Figure 1D). Cardiac myxoma can be completely asymptomatic or present with cerebral or peripheral embolism.<sup>1,2</sup> Moreover it can cause chest pain, dyspnea and orthopnea. Bigger myxoma located close to mitral valve as in our patient can cause intermittent mitral valve obstruction leading to orthostatic hypotension or syncope.<sup>3-7</sup>



**FIGURE 1:** **A:** Transthoracic parasternal long axis view showing a solid mass (asterisk) in left atrium. **B:** On 2D-TEE a solid mass (asterisk) originating from interatrial septum was seen in left atrium (left panel) and it was seen moving to the left ventricle inflow creating obstruction (arrow) at the mitral valve (right panel). **C:** 3D transesophageal image with left atrial perspective. Asterisk shows a solid mass originating from interatrial septum and star shows left ventricle inflow. **D:** Postoperative image of the resected material.

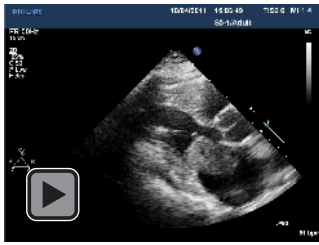
(LA: Left atrium, LV: Left ventricle, IAS: Interatrial septum, LAFW: Left atrial free wall, PL: Posterior leaflet)

(See color figure at

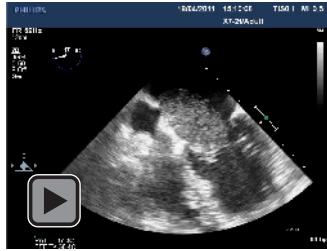
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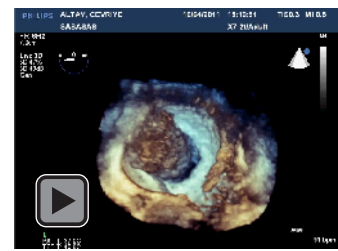
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Video 1



Video 2



Video 3