

LEFT ATRIAL MYXOMA – A CASE REPORT**DR. ARKA CHATTERJEE*, DR. M. GOPALAKRISHNAN**, DR. AMITH KIRAN*****

*Junior Resident, K. S. Hegde Medical Academy, Mangalore

**Professor And Head Of The Department, Cardiothoracic And Vascular Surgery, K. S. Hegde Medical Academy, Mangalore

***Associate Professor, Cardiothoracic And Vascular Surgery, K. S. Hegde Medical Academy, Mangalore

Received: Feb. 16, 2018

Accepted: March 09, 2018

INTRODUCTION

Primary Cardiac Tumors have a low incidence (0.15% to 0.2%).

Myxomas form approximately 50% of benign cardiac tumors and most of them are located on the left atrium¹. They are usually sporadic and can occur as Autosomal-dominant inherited forms in 5% of cases.

Most atrial myxomas, whether left or right, arise from the atrial septum²

They are Typically 5 to 6 cm in size, sometimes up to 15 cm.

The clinical presentation patterns - relate to potential to cause obstruction.

They can cause Congestive heart failure, Atrial fibrillation, Fatigue, Syncope and Embolization.

The only treatment of this tumour is surgery.

A 60 year old Female patient presented with easy fatiguability since 1 year and was diagnosed to have a left atrial myxoma on Echocardiography. She underwent Left Atrial Myxoma excision under General Anaesthesia on 05-04-2017.

Keywords: Primary Cardiac Tumour, Atrial Myxoma.

CASE REPORT

A 60 year old female patient presented with complaints of easy fatiguability since 1 year, more since 1 month. She was a Known Hypertensive on medication and she had a H/O rheumatoid arthritis on Ayurvedic Medications. On examination, her general condition was fair, Pulse Rate was 96 bpm with a blood pressure of 120/70 mm Hg. Her cardiovascular and respiratory system examinations were grossly normal.

2D Echocardiography done on 27-03-2017 showed an 83 x 34 mm Left Atrial Myxoma attached to the Intra-Atrial Septum with Moderate Mitral Regurgitation, Severe Pulmonary Hypertension, Moderate Tricuspid Regurgitation and Good LV Systolic Function (Ejection Fraction 60%).

She underwent Left Atrial Myxoma Excision under GA on 05-04-2017. The Post operative period was uneventful and she was Discharged on post operative day 6.

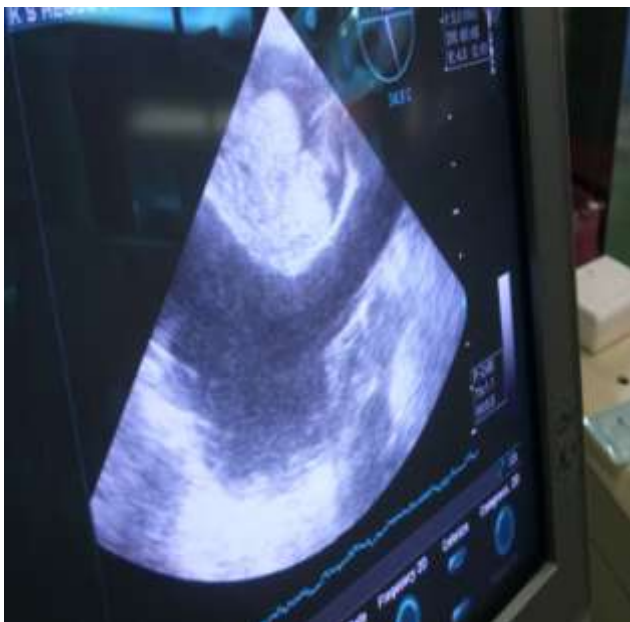


Figure 1 – Transoesophageal echocardiography showing the left atrial myxoma

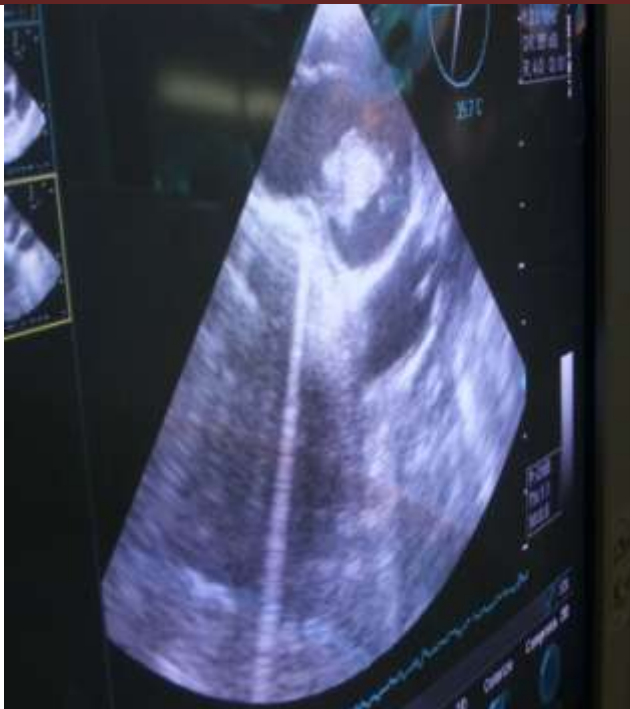


Figure 2 – intra operative transoesophageal echocardiography showing the myxoma

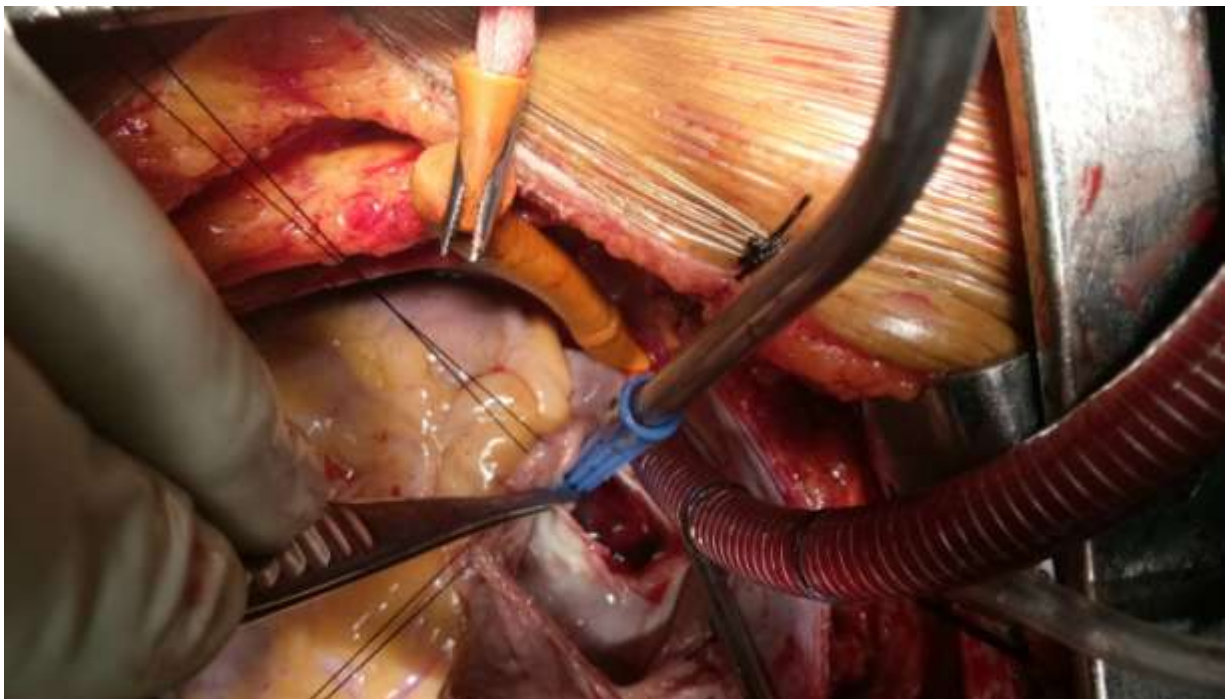


Figure 3 – intra-operative photograph showing the left atrial myxoma, after right atrial incision, on cardiopulmonary bypass

DISCUSSION

Primary cardiac tumors are uncommon, representing only 5% to 10% of all neoplasm of the heart and pericardium. Approximately 80% of primary cardiac tumors are benign, and more than half are myxomas³. Myxomas occur in all age groups, but are particularly frequent between the third and sixth decades of life.⁴

They usually undergo Rapid growth and are usually Considered to be benign. Extensive local extension, as well as metastatic spread has been reported.

The Familial type are more likely to be recurring and more aggressive.

Their etiology is not fully understood, but they are thought to originate from primitive mesenchymal stem cells that have a capacity to differentiate along endothelial lines⁵.

They usually present with obstruction, hemodynamic alteration, cerebral or peripheral embolism, syncope or sudden death (due to complete obstruction of the mitral valve or coronary artery emboli), or constitutional symptoms such as fever, weight loss, fatigue, loss of appetite, and anemia⁶.

Echocardiography easily defines the location, shape, size, and relations of mass with intracardiac components⁷.

Surgical excision of cardiac myxomas must be done as soon as possible after the diagnosis is established because of the high risk of valvular obstruction or systemic embolization.

Generally accepted routes of access to left atrial myxomas are the biatrial, the left atrial, and the transeptal approaches.

This patient underwent left atrial myxoma excision under General Anaesthesia on 05-04-2017, with an uneventful post operative period and was discharged on post operative day 6.

In conclusion, myxomas are the most frequent among cardiac tumors and may present with a wide range of symptom spectrum.

After diagnosis is established, prompt surgical excision must be performed. Surgery has excellent overall survival but familial cases tend to recur⁸.

REFERENCES

1. Reardon MJ, Smythe WR. Cardiac neoplasms. In: Cohn LH, Edmunds LR, editors. Cardiac surgery in the adult. Second edition. 2003, p. 1374
2. Lone RA, Ahanger AG, Singh S, et al. Atrial Myxoma: Trends in Management. International Journal of Health Sciences. 2008;2(2):141-151.
3. Castillo JG, Silvay G. Characterization and management of cardiac tumors. Semin Cardiothorac Vasc Anesth 2010;14: 6 –20.
4. Vaideeswar P, Butany JW. Benign cardiac tumors of the pluripotent mesenchyme. Semin Diagn Pathol 2008;25:20 – 8
5. Aggarwal SK, Barik R, Sarma TC, et al. Clinical presentation and investigation findings in cardiac myxomas: new insights from the developing world. Am Heart J 2007;154:1102–7.
6. Uner A, Dogan M, Sal E, Peker E. Stroke and recurrent peripheral embolism in left atrial myxoma. Acta Cardiol 2010;65:101–3.
7. Lobo A, Lewis JF, Conti CR. Intracardiac masses detected by echocardiography: case presentations and review of the literature. Clin Cardiol 2000;23:702– 8
8. Garatti A, Nano G, Canziani A, Gagliardotto P, Mossuto E, Frigiola A, Menicanti L. Surgical excision of cardiac myxomas: twenty years experience at a single institution. Ann Thorac Surg 2012; 93:825–831.