

CASE PRESENTATION

Left Atrial Myxoma

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ABSTRACT

A case of left atrial myxoma diagnosed by two dimensional echocardiography and successfully operated by open heart surgery is presented. The usefulness of routine two-dimensional and M-mode echocardiography in the pre-operative diagnosis and post-operative assessment is illustrated. A very brief review of the relevant literature is also given.

Tumours of the heart present in protean ways; early diagnosis is a challenge to the physician's diagnostic acumen. Increased clinical awareness along with two-dimensional echocardiographic examination has led to correct diagnosis in many instances^{1,2,3}. Primary tumours of the heart though less common than secondary tumours are far more challenging to the physician. They usually present as intracavitary lesions. Myxomas are the most common of the primary tumours of the heart⁴. We are presenting a case of left atrial myxoma diagnosed by two-dimensional echocardiography and operated successfully.

THE CASE

A 45-year-old Bahraini male was seen in the medical clinic with palpitation, exertional dyspnoea and easy fatigability of two months duration. There was no history of paroxysmal nocturnal dyspnoea,

angina, syncopal episodes, fever or seizure disorder. No past history of rheumatic fever was obtained.

Clinical examination revealed an average built, afebrile patient without any obvious distress. There was no pallor, jaundice, cyanosis, clubbing or dependent oedema. Pulse was 80/minute regular, all peripheral pulses were normal, jugular venous pressure was normal, the lungs were clear, liver and spleen were not palpable. Cardiac examination: apical impulse was palpated in the fifth left intercostal space, 1cm medial to midclavicular line. There was no parasternal lift or palpable second sound. First heart sound was normal. A grade 2/6 systolic murmur, an early diastolic murmur and an early diastolic opening sound were heard in the mitral area. A clinical diagnosis of mitral valve disease with combined moderate mitral regurgitation and stenosis was made. Electrocardiogram did not show any abnormality. Chest X-ray showed mild cardiomegaly (Cardiothoracic ratio 55%) and early pulmonary venous hypertension. Apart from raised ESR of 54mm first hour, no other abnormality was detected in blood biochemistry or haematology. Two-dimensional echocardiography revealed a dense mass measuring about 3cm in diameter in the left atrium attached to the lower portion of the atrial septum and plopping in and out of the mitral valve orifice (Fig 1 and 2). M-mode echocardiogram

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showed the tumour mass occupying the mitral valve area in diastole (Fig 3). The patient was operated abroad under conventional cardiopulmonary bypass; a large left atrial myxoma was removed along with the pedicle. Part of the atrial septum from where the tumour originated was removed and repaired. The

pathological findings, both macroscopic and microscopic were typical of left atrial myxoma. A post-operative two-dimensional and M-mode echocardiogram showed complete absence of the tumor (Fig 4 and 5). Patient became asymptomatic and cardiac examination did not show any abnormality.

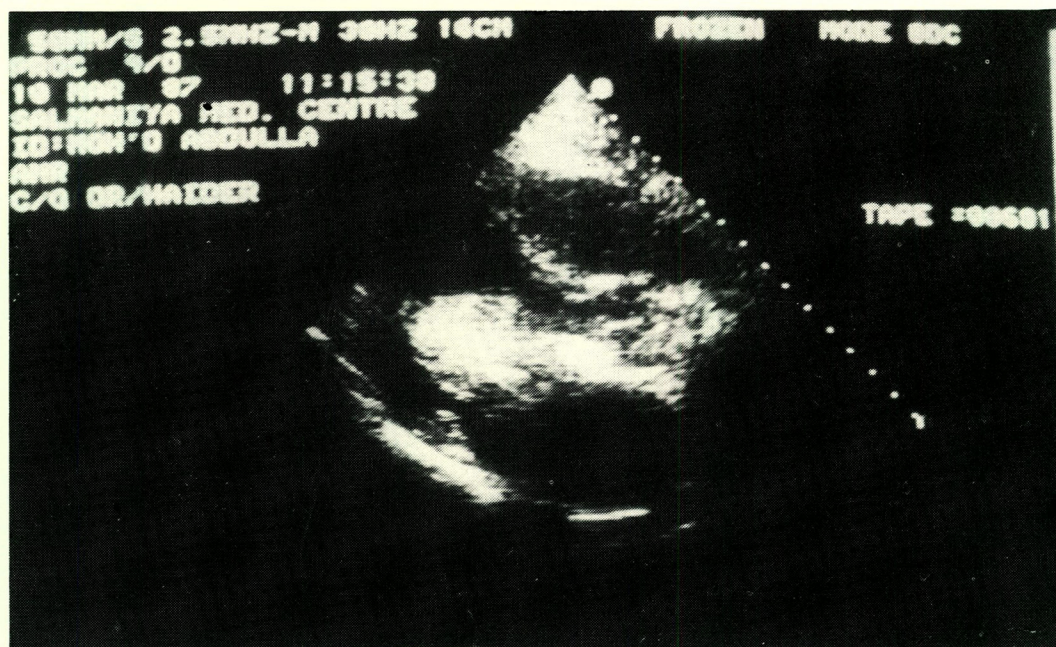


FIGURE 1

Two-dimensional Echocardiogram in Parasternal long Axis View Showing the Dense Mass (Myxoma) Plopping Through the Mitral Valve Orifice

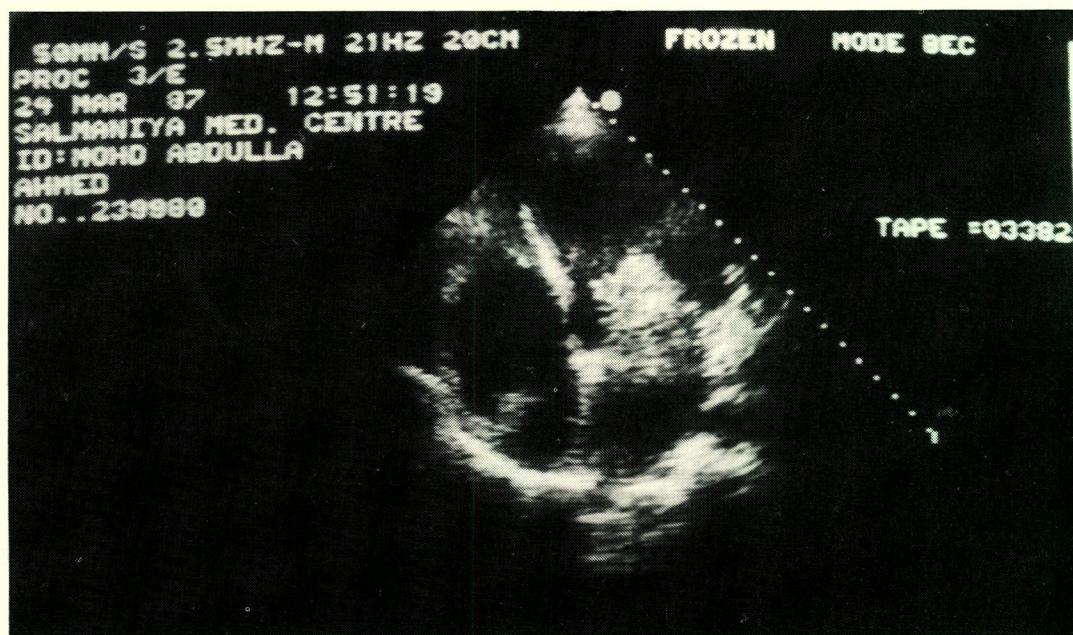


FIGURE 2

Two-dimensional Echocardiogram in Four Chamber View Showing the Myxoma, Emerging Through the Mitral Valve Mostly in the Left Ventricle during Diastole