DISCUSSION

Intra-cardiac myxoma is the most frequent benign tumour of the heart. While most of these (upto 75%) located in the left atrium, they are also seen in right atrium (18%), right ventricle (4%) and left ventricle (4%). Atrial myxomas usually arise from the region of fossa ovalis as in our case, but they may also arise from other areas of the atrium, mitral annulus, mitral valve itself and inferior vena cava 2,5,6. Left atrial myxoma is a clinically serious condition but is potentially curable by surgical extirpation. They may present with obstructive, embolic or constitutional systems 7. Left atrial myxoma mimics mitral valve disease 5. A high index of suspicion is necessary for early diagnosis. Two-dimensional echocardiography is the method of choice for accurate and adequate diagnosis 8. Our case presented with the symptoms and signs of moderate mitral valve disease. A routine two-dimensional echocardiography gave an unequivocal diagnosis. Cardiac catheterization was done; it did not add any significant information. In most cardiac centres, removal of the tumour is done without cardiac catheterization. Intra-operative echocardiogram can be done which gives valuable information regarding the precise location, extent of tumour excision and assessment of post-repair ventucular function 9. This was not done in our case, but a conventional post-operative two-dimensional echocardiogram showed complete excision of the mass. Apart from removal of the myxoma, surgical technique is quite important to prevent recurrence. It is necessary to remove the tumour along with the pedicle and part of the atrial septum from where it is arising 4, 7. This case illustrates the usefulness of two-dimensional echocardiography in diagnosing and treating a case of left atrial myxoma. Routine two-dimensional echocardiography in a suspected case of mild or moderate mitral valve disease can accurately diagnose a potentially lethal condition.

CONCLUSION

Two-dimensional echocardiography can provide a rapid and accurate non-invasive method of diagnosis in patients with left atrial myxoma. Any patient with a clinical suspicion of mitral valve disease should undergo an echocardiographic examination for early detection of a possible left atrial myxoma. Two-dimensional echocardiogram is also very useful in the post-operative evaluation of the patient.

REFERENCES

- 1. Peters MN, Hall RJ Cooley DA, Leachman RD, Garcia E. The clinical syndrome of atrial myxoma. JAMA 1974;230:694-97.
- 2. Sulton MG, Mercien LA, Giulani ER, Lie JT. Atrial Myxomas: A review of clinical experience in 40 patients. Mayo clin proc 1980;55:371-77.
- 3. Bulkley BH, Weiss JL. Atrial Myxomas: Triumph of Machine over man. Chest 1979;75:537-41.
- 4. Mc Allistes HA Jr., Fenoglis JJ Jr. Tumours of the cardiovascular system, Armed forces Institute of pathology, Washington DC 1978.
- 5. Sandrasagra FA, Oliver WA, English TAH. Myxoma of the mitral valve. Br Heart J 1979;42:221-26.
- 6. Devig PM, Clark JA, Aaron BL. Cardiac myxoma arising from the inferior venacava. Chest 1980;78:784-87.
- 7. Bulkley BH, Hutchins GM. Atrial myxomas: A fifty-year review. Am Heart J 1979;97:639-43.
- 8. Fyke FE, Seward JB, Edwards WD. Primary cardiac tumours. Experience with 30 consecutive patients since the introduction of two dimensional echocardiography. JACC 1985;5:1465-73.
- 9. Mora F, Mindich BP, Guarino J, Goldman ME. Improved surgical approach to cardiac tumours with intra-operation two-dimensional echocardiography. Chest 1987;91:142-43.