

A Case Report of Left Atrial Myxoma

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ABSTRACT: Background: A myxoma is a benign tumor in the heart most commonly found in the left atrium. About 75% of myxomas are in the left atrium usually beginning in the wall that divides the lower chambers of the heart (ventricles) and growing into the atrium¹.

Case presentation: we present a 74 year old man, who was referred to muhimbili national hospital, cardiovascular medicine department with the chief complains of difficulty in breathing on exertion and lower limb swelling for 4/12. Echocardiogram was done and revealed a mass in the left atria about 4*4cm with stalk attached mostly to the interatrial septum and part to the anterior leaflet of the mitral valve confirming a left atrial myxoma.

conclusion: It is important to learn and comprehend how left atrial myxoma presents and diagnosed because of its high risk of embolization or cardiovascular complication, including sudden death.

I. INTRODUCTION:

A myxoma is a benign tumor in the heart most commonly found in the left atrium, about 75% of myxomas are in the left atrium usually beginning in the wall that divides the lower chambers of the heart (ventricles) and growing into the atrium¹. 2D echocardiography is the diagnostic tool of choice. Most atrial myxomas are benign and can be removed by surgical resection². In USA based upon the data of 22 large autopsy series, the prevalence of primary cardiac tumors is approximately 0.02% (200 tumors per million autopsies). It has been reported in patients aged 3-83 years. The clinical presentation of left atrial myxoma include: difficulty in breathing on exertion, (75%) may progress to orthopnea, paroxysmal nocturnal dyspnea and pulmonary edema². Moreover symptoms are caused by obstruction mimicking mitral stenosis.

II. CASE PRESENTATION:

We present a 74 years old man who was referred to Muhimbili national hospital cardiovascular medicine department with chief complains of difficulty in breathing on exertion and swelling of lower limbs for 4 months, he is a known controlled hypertensive patient on losartan potassium 25mg once daily and amlodipine 10 mg once daily, he has no diabetes mellitus, but he has history of drinking beer 4 bottles a day and smoking cigarette 1 pack a day for more than 20 years. On admission the following investigations were done: ECG, chest x-ray, echocardiography, CBC, lipid profile, cardiac profile, renal and liver function tests. ECG, CBC, lipid profile, cardiac profile, liver and renal function tests were all normal. Chest x-ray revealed increased cardiothoracic ratio (cardiomegally). Echocardiography revealed a 4 by 4 cm left atrial myxoma attached to the interatrial septum and some small parts of anterior leaflet of mitral valve. with moderate pulmonary hypertension, the figures below are echocardiographic findings for our patient.

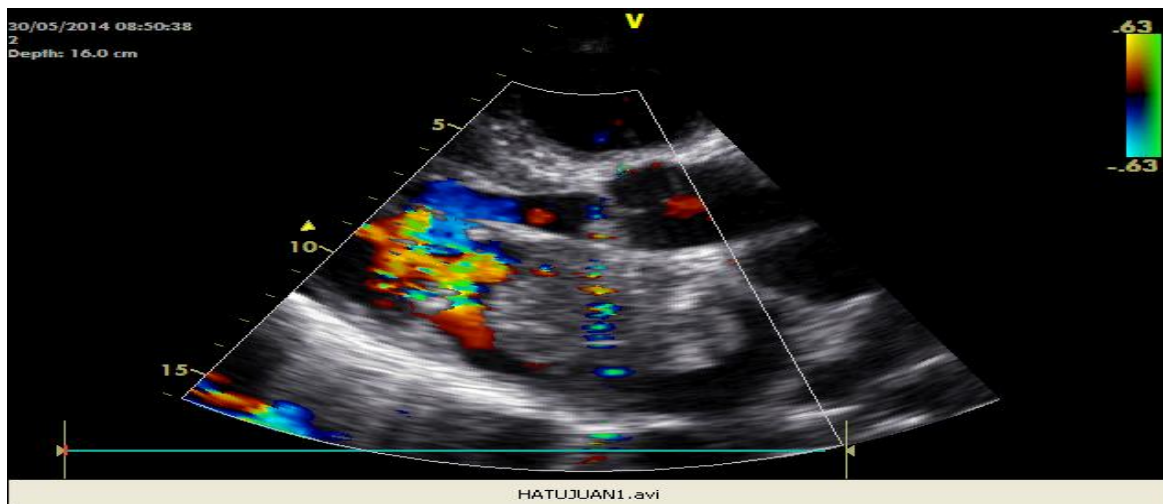


FIGURE 1: PLAX Showing moderate mitral regurgitation jet and the left atrial myxoma.

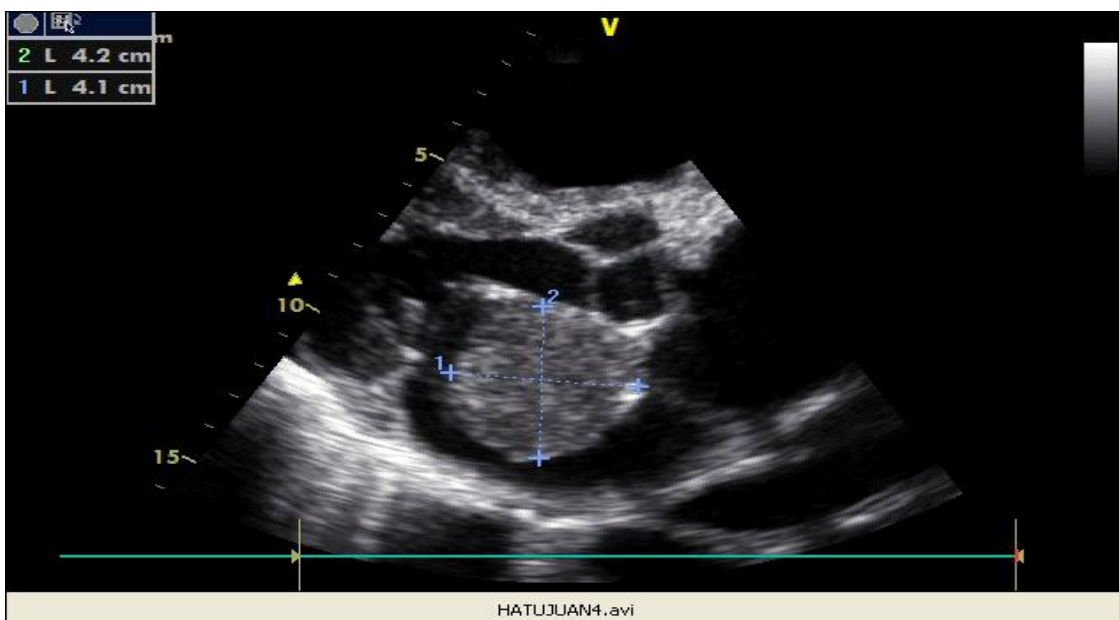


FIGURE 2: PLAX Showing the measurements of the left atrial myxoma 4.2cm by 4.1 cm



FIGURE 3: PLAX Zooming clearly the left atrial myxoma and its attachment

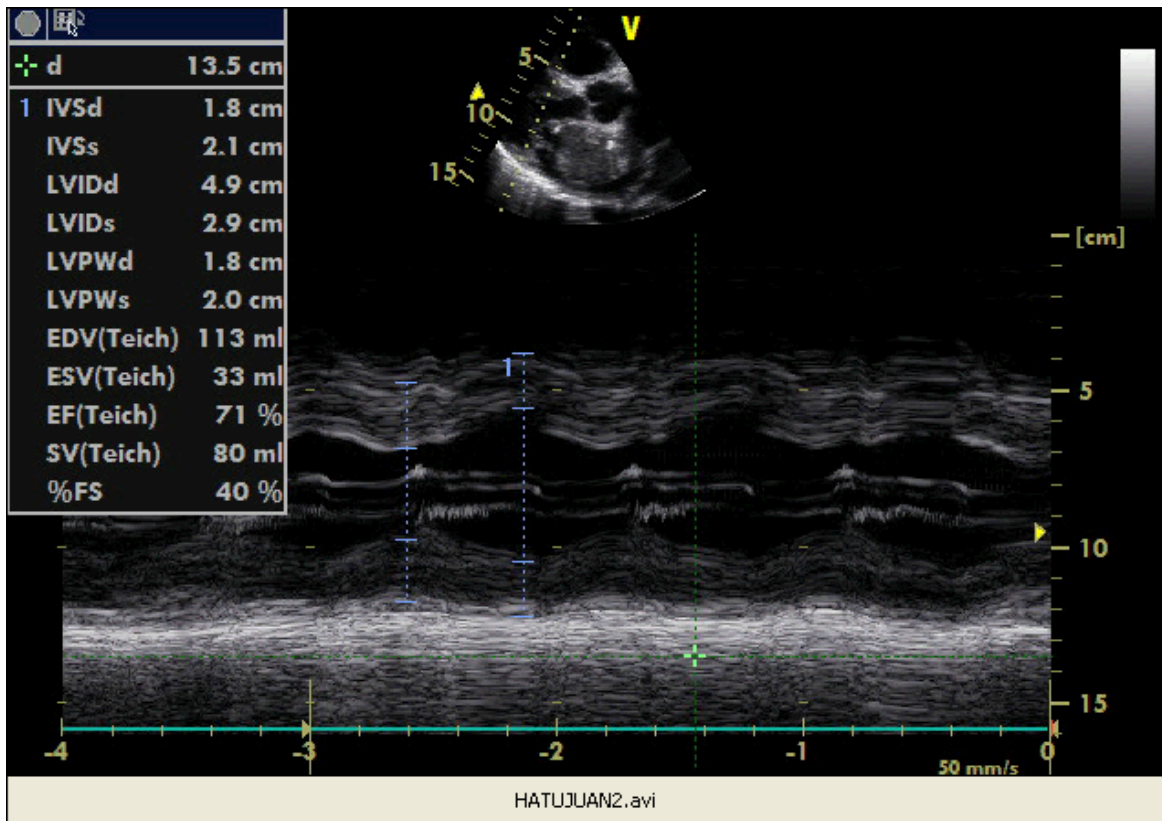


FIGURE 4: The M-mode showing thick interventricular septum and preserved Left ventricle systolic pressure with an ejection fraction of 71%.

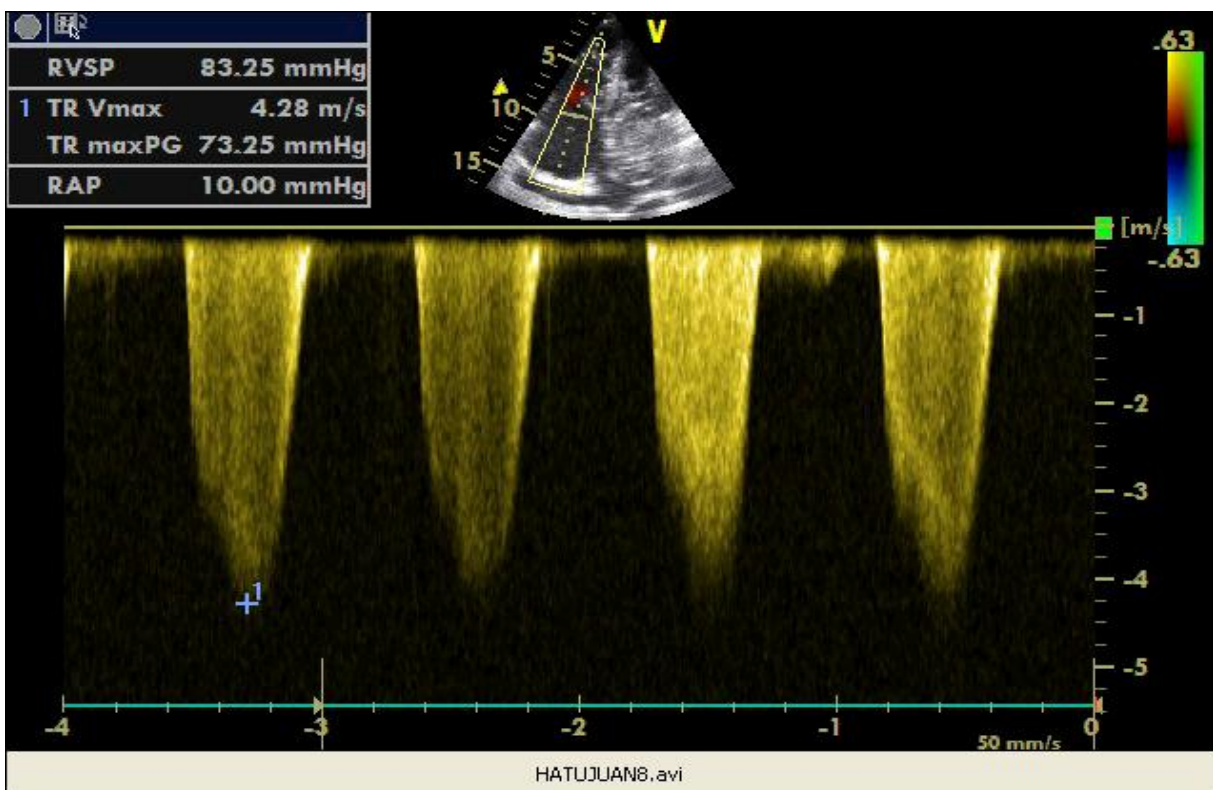


FIGURE 5: Showing severe pulmonary hypertension with the Right ventricular systolic pressure of 83.25 mmHg

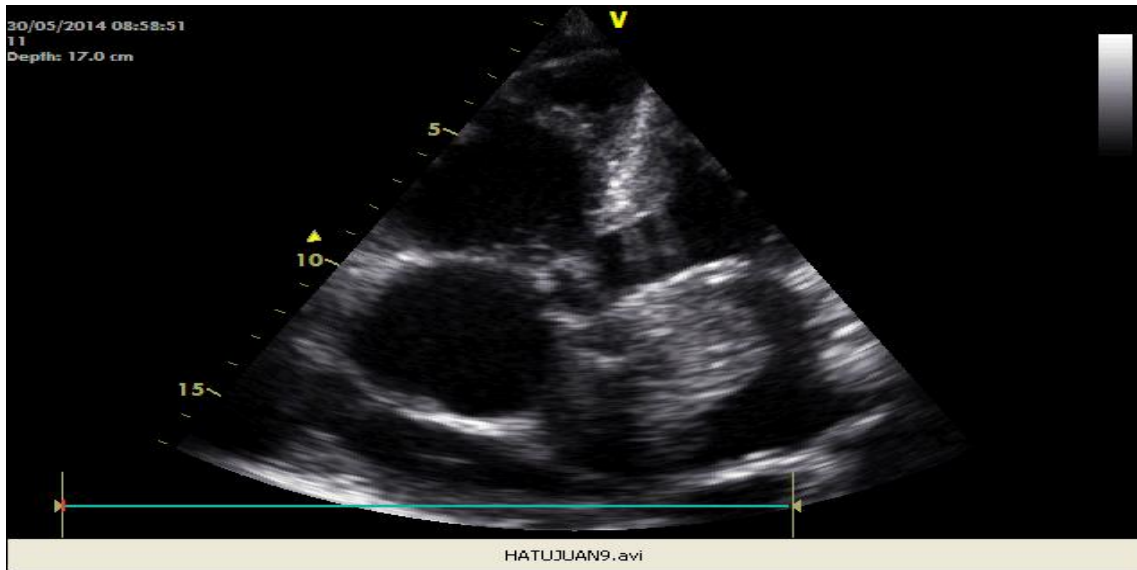


FIGURE 6: Apical four chamber view revealing clearly the position of the left atrial myxoma.

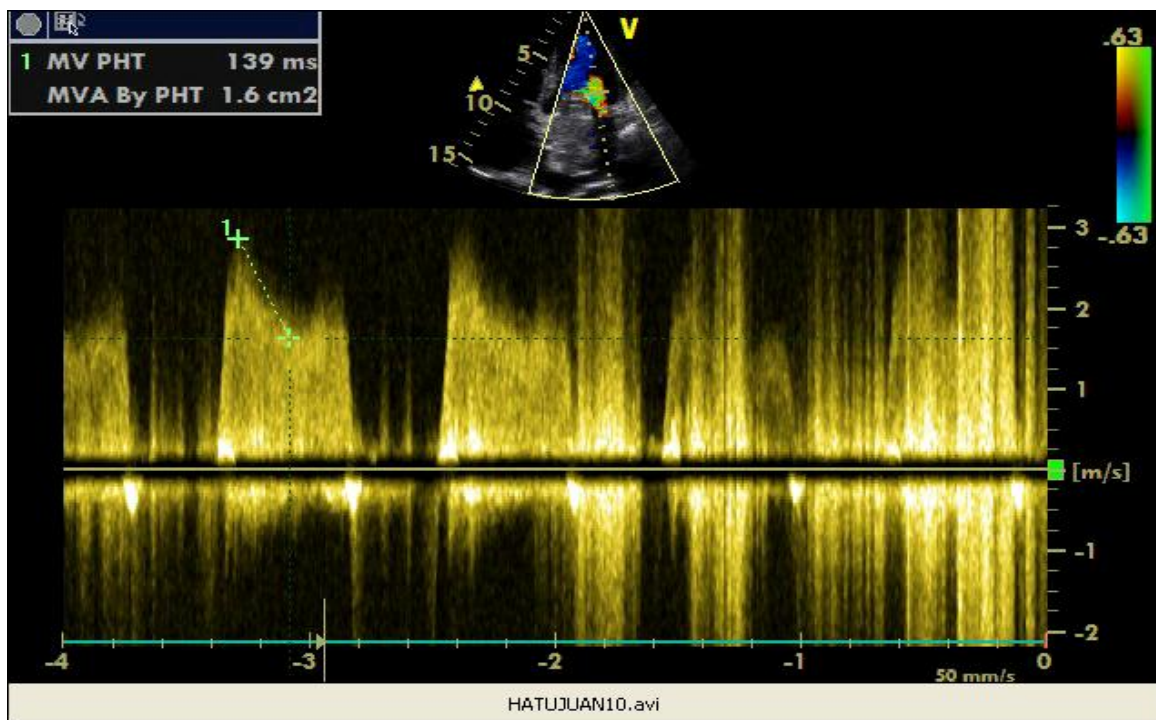


FIGURE 7: Showing the pressure half time at the mitral valve of 139ms and mitral valve area of 1.6cm²

III. DISCUSSION:

The prevalence of cardiac tumors at autopsy ranges from 0.001%-0.3%. Our patient presented with difficulty in breathing on exertion and lower limb edema, the diagnosis was picked accidentally on routine cardiac work up, as its symptoms mimick a wide differential diagnoses, making it critical for physicians to have a high suspicious of index in diagnosing left atrial myxoma. Our patient is now worked up for surgery, he will require a careful follow-up post operatively. Thus it is important to learn and comprehend how left atrial myxoma presents and diagnosed because of its high risk of embolization or cardiovascular complication, including sudden death.

REFERENCES:

- [1]. www.emedicine.medscape.com/article/151362
- [2]. www.ncbi.nlm.nih.gov/pubmed/8407260
- [3]. www.ncbi.nlm.nih.gov/pubmed/11388092
- [4]. icvts.oxfordjournals.org/content/6/5/636.full
- [5]. www.cardiologyres.org
- [6]. <https://umm.edu/health/medical/ency/articles/atrial-myxoma>
- [7]. www.ncbi.nlm.nih.gov/pmc/articles/pmc483046
- [8]. www.ncbi.nlm.nih.gov/pmc/articles/pmc287861
- [9]. <https://circ.ahajournals.org/content/91/8/2290.full>
- [10]. www.bmj.com/content/347/bmj.f4430