



Giant Left Atrial Myxoma

Sabatucci M¹, Bertoldo F², Ruvolo G² and Iellamo F^{1*}

¹Department of Clinical Science and Translational Medicine, School of Sport Medicine and Physical Exercise, University Tor Vergata, Italy

²Department of Surgical Sciences, University Tor Vergata, Rome, Italy

Abstract

A 58-year-old woman presented at the Emergency Department because of a 1-week severe headache unresponsive to therapy. Woman had no history of heart problems. Brain CT and CT angiography revealed an aneurism of the anterior communicating artery that was treated with embolization. Brain MRI revealed multiple acute ischemic areas, so that a Transthoracic Echocardiography (TTE) was performed. TTE revealed the presence of a huge cardiac mass (about 7 by 5 cm) in the left atrium, with signs of mitral flow obstruction. The patient underwent surgical removal of the left atrial mass. A histological examination made the diagnosis of atrial myxoma.

Background

Myxoma is the most common type of primary cardiac tumors, which are rare and mostly benign.

Commonly, myxoma occurs in the left atrium, and may cause embolization phenomenon or mitral valve obstruction.

Case Presentation

We report a case of a 58-year-old woman with no known medical issues presented at the Emergency Department because of a 1-week severe headache unresponsive to therapy. The electrocardiogram and blood pressure values were normal. Woman had no history of heart problems. Brain CT and CT angiography revealed an aneurism of the anterior communicating artery that was treated with embolization. Brain MRI revealed multiple acute ischemic areas, so that a Transthoracic Echocardiography (TTE) was performed.

OPEN ACCESS

*Correspondence:

Ferdinando Iellamo, Department of Clinical Science and Translational Medicine, School of Sport Medicine and Physical Exercise, University Tor Vergata, Italy;

E-mail: iellamo@uniroma2.it

Received Date: 24 Apr 2023

Accepted Date: 06 May 2023

Published Date: 10 May 2023

Citation:

Sabatucci M, Bertoldo F, Ruvolo G, Iellamo F. Giant Left Atrial Myxoma. *Ann Clin Case Rep.* 2023; 8: 2415.

ISSN: 2474-1655.

Copyright © 2023 Iellamo F. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Figure 1: Echocardiographic image of atrial mass (apical 4-chambers view).

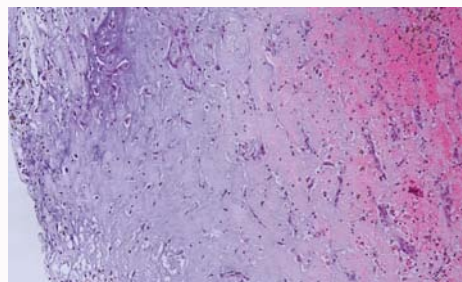
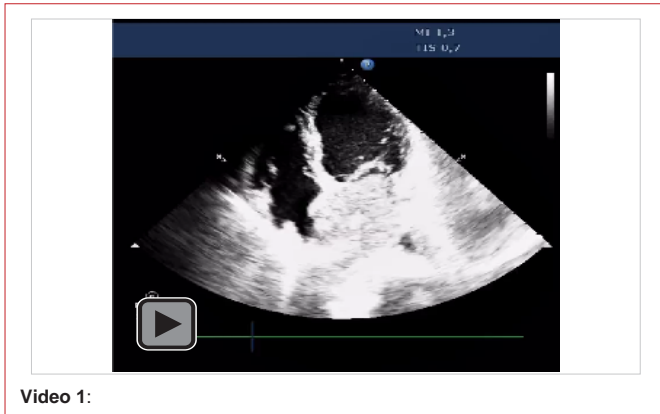


Figure 2: Histological examination showing the myxoma origin of atrial mass.

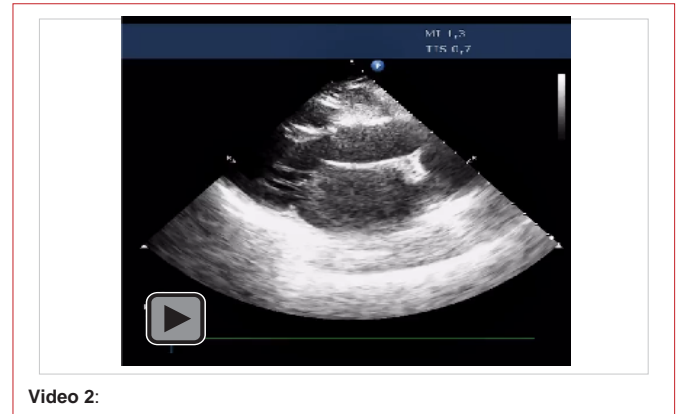


TTE revealed the presence of a huge cardiac mass (about 7 by 5 cm) in the left atrium, with signs of mitral flow obstruction (Figure 1 and Videos 1 and 2).

Due the large volume of the mass, which was also rounded and hyperechoic, we suspected a neoplastic mass in alternative to an atrial myxoma.

The left atrium was enlarged, whereas the other echocardiographic parameters were within normal range.

The patient did not report other serious symptoms (e.g., syncope, severe palpitation or chest pain) referring only asthenia and loss of appetite in the previous few months.



Thoracic TC angiography confirmed the size of the mass (7.2 cm × 4.9 cm).

The patient underwent surgical removal of the left atrial mass. Histological examination made the diagnosis of atrial myxoma (Figure 2).

The patient was discharged from the hospital seven days after surgery in good conditions and with prescription of ASA therapy.