

Silent Giant Left Atrial Myxoma: Letter to Editor

Mustafa Yurtdaş^{1*}, Nesim Aladağ¹, Mahmut Özdemir¹, Yalin Tolga Yaylali², Yemlihan Ceylan¹ and Çağın Zaim³

¹Department of Cardiology, Van Region Training and Research Hospital, Turkey

²Department of Cardiology, Pamukkale University, School of Medicine, Turkey

³Department of Cardiovascular Surgery, Ankara Kavaklıdere Umut Hospital, Turkey

Article Information

Received date: Jul 07, 2015

Accepted date: Aug 27, 2015

Published date: Sep 04, 2015

*Corresponding author

Mustafa Yurtdaş, Department of Cardiology, Van Region Training and Research Hospital, 65100, Van, Turkey, Tel: 090 432 217 76 05; Fax: 090 432 212 19 54; Email: yurtdasmustafa@hotmail.com

Distributed under Creative Commons CC-BY 4.0

Letter to Editor

A 33-year-old woman was referred to cardiology assessment 3 months after the delivery of her first child because of fatigue. Her past medical history was insignificant. She had no other history of cardiovascular disease. Her physical examination findings were unremarkable. Her laboratory results, including ECG were within normal limits. An echocardiogram showed a notched, highly mobile, 13.0x4.0 cm huge left atrial myxoma covered with thrombi, which nearly fills the left atrial chamber with prolapsed of the tumor mass across the mitral annulus into the left ventricle in diastole (Figure1A-B). Neither significant mitral regurgitation nor mitral stenosis was seen. There was no evidence for patent foramen ovale or other intra-cardiac shunts by color flow Doppler. She subsequently underwent an uneventful surgical removal of the mass at another cardiac surgery center.

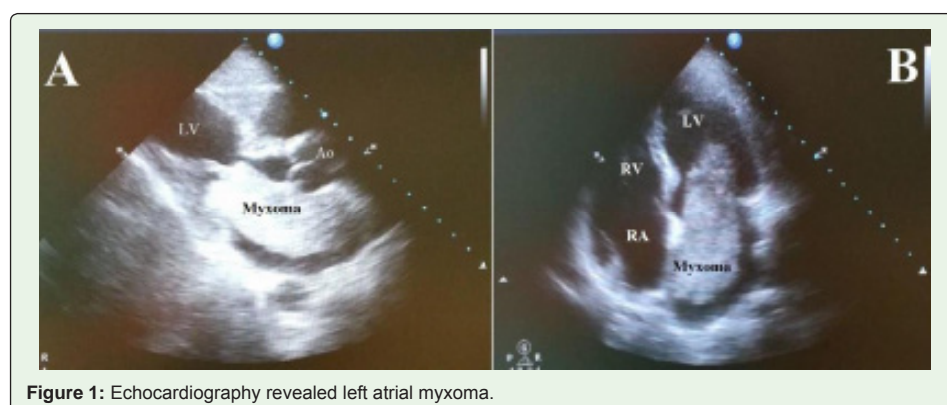


Figure 1: Echocardiography revealed left atrial myxoma.

Myxoma is the most common type of primary cardiac tumor, and most often is single, arising from the fossa ovalis of the inter atrial septum and usually protruding to the left atrium. The majority of the patients usually presents with at least one of the classic triad of obstructive cardiac, embolic, and systemic signs [1]. Whereas a small myxoma may be a clinically a symptomatic and unexpected echocardiographic finding, big myxomas are usually symptomatic.

This case shows that despite the giant tumor size and its plop through the mitral valve, the myxoma might remain clinically silent even during pregnancy.

Disclosure

This case has been presented as a poster presentation at the 30th Turkish Cardiology Congress with International Participation, which was held Antalya, Turkey, on October 23-26, 2014.

References

- McManus B. Primary Tumors of The Heart. Braunwald E, editor. In: Braunwald's Heart Disease – A Textbook of Cardiovascular Disease. 9th edn. Philadelphia: Saunders Company. 2012; 1638-1648.