ISSN NO. 2320-5407

Journal homepage: http://www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH

RESEARCH ARTICLE

NON SYNDROMIC FAMILIAL ATRIAL MYXOMA PRESENTING AS STROKE.

DR.K.SRI SAI NIVYA, DR.Shyam Prasad CH, DR. Spoorthi Kolla, HOD Dr.SWARNA LATHA DEVI

Manuscript Info

Manuscript History:

Received: 15 December 2015
Final Accepted: 22 January 2016
Published Online: February 2016

Key words:
AD- Autosomal dominant ;
2D echo- Two dimensional echocardiography

Corresponding Author

DR.K.SRI SAI NIVYA

Abstract

Atrial myxomas are primary tumors of heart that runs in families(AD). Cerebral infarction is a common complication of atrial myxomas and may be the presenting feature. 2D Echo as early investigation helps in diagnosis.

Case report:-

Patient 1:-

A 50 year old female who is a known diabetic and hypertensive presented to us in the emergency room with transient loss of consciousness and weakness of the right half of the body, drooling of saliva and deviation of mouth lo left side with Slurring of speech. No episode of seizure. Over the previous year she 3-4 syncopal attacks. She is a known diabetic since 5 years on oral hypoglycemics with good glycemic control and she is a known hypertensive since 4 years on medication with blood pressure under control. In her family similar complaint of syncopal attack in her son since past 2 years. On examination, her vitals were stable. She was alert and oriented but had expressive aphasia. She had upper motor neuron type of facial nerve palsy on right side and weakness of right side of body with extensor plantar. Hearts sounds were regular with no murmur. Chest is clear.

MRI Brain showed acute infarct in the internal capsule and corona radiata on left side and chronic infarcts in bilateral lentiform nucleus. ECG normal. Transthorasic echocardiography showed 2 free mobile large echogenic masses (each measuring 4.50 * 2.10 cm and 3.50 *1.50 cm), each attached to inferior part of Inter Atrial Septum and mid IAS, protruding during diastole causing LV inflow obstruction suggesting a large Left Atrial myxoma. Cardiothoracic consultation was obtained and patient was planned for surgery after a few days. Meanwhile patient was discharged at request and was asked to review for surgery. Patient did not turn up on time and later presented to us with a recurrent stroke.

Patient 2:-

On suspicion of Familial Atrial Myxomas her family members were enquired. Her 26 year Old son with no risk factors who had similar complaints of syncope like mother was investigated, his transthoracic echocardiography showed large left atrial myxoma. Cardiothoracic consultation was obtained and he was advised early surgery. But patient developed severe emotional stress at the prospect of surgical procedure and wanted time. He later presented to us with stroke in short while.

Both these patients had no cutaneous manifestations, no endocrinal hyperactivity which ruled out CARENYS COMPLEX suggesting NON SYNDROMIC FAMILIAL ATRIAL MYXOMA. This emphasizes the need for echocardiography in patients with family history of myxoma though they may be symptomatic. Stoke in these patients is often recurrent.

Discussion:-

Cardiac myxoma is the most common benign cardiac tumor. About 75-90% of the cardiac myxomas occur in the left atrium, and are found more commonly in the 5th or 6th decades of life [3-5]. Neurological manifestations are one of the most common presentations, although half of these neurological events are reversible, such as syncope, dizziness, or headache [1]. A recent study reported that embolic stroke was observed in 9-22% of atrial myxomas [2, 3]. Tumor emboli are not related to size, [2, 3] but instead are related to the mobility and friability of the tumor [2-6]. The overlying thrombus on the surface of the myxoma plays a role in the embolic phenomena, rather than tumor itself [3, 6]. For patients with atrial myxoma annual review with echocardiography is suggested due risk of recurrence.

Conclusion:-

The diagnosis of atrial myxoma can be elusive, especially when the symptoms suggest a systemic illness. In the case reported here, the significance of these symptoms became apparent when the patient presented acutely with a motor deficit as a result of cerebrovascular embolism. The presence of bihemispheric infarction focused subsequent investigations on the possibility of a proximal source of embolization, which resulted in identification of the causative atrial myxoma.

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