

Jana Publication & Research

Incidental discovery of cardiac myxoma

 VRC12

Document Details

Submission ID

trn:oid::2945:315708309

Submission Date

Oct 1, 2025, 11:47 AM GMT+5:30

Download Date

Oct 1, 2025, 11:49 AM GMT+5:30

File Name

IJAR-54122.pdf

File Size

493.4 KB

3 Pages**562 Words****2,842 Characters**

26% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- Bibliography
- Quoted Text

Match Groups

-  **12 Not Cited or Quoted 26%**
Matches with neither in-text citation nor quotation marks
-  **0 Missing Quotations 0%**
Matches that are still very similar to source material
-  **0 Missing Citation 0%**
Matches that have quotation marks, but no in-text citation
-  **0 Cited and Quoted 0%**
Matches with in-text citation present, but no quotation marks

Top Sources

- 20%  Internet sources
- 18%  Publications
- 5%  Submitted works (Student Papers)

Match Groups

- 12 Not Cited or Quoted 26%**
Matches with neither in-text citation nor quotation marks
- 0 Missing Quotations 0%**
Matches that are still very similar to source material
- 0 Missing Citation 0%**
Matches that have quotation marks, but no in-text citation
- 0 Cited and Quoted 0%**
Matches with in-text citation present, but no quotation marks

Top Sources

- 20% Internet sources
- 18% Publications
- 5% Submitted works (Student Papers)

Top Sources

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	Internet	
www.ncbi.nlm.nih.gov		7%
2	Publication	
M. Rahmi, F. Merzouk, A. El Ouarradi, R. Habbal. "Un cas rare de fibroélastome pa...		3%
3	Internet	
oaskpublishers.com		3%
4	Publication	
Lara Chalabreysse, Françoise Berger, Robert Loire, Gilles Devouassoux e...		3%
5	Internet	
www.minervamedica.it		2%
6	Publication	
Maher Younes, Alma Al Mansour, Mohammad Jawdat Al Halaki, Lubna Lutfi. "A Ca...		2%
7	Internet	
revportcardiol.org		2%
8	Internet	
notifylibrary.org		2%
9	Publication	
"Full Issue PDF", Journal of the American College of Cardiology, 2018		1%

Incidental discovery of cardiac myxoma

Introduction:

Myxomas are the most common cardiac tumors, located in more than 80% in the left atrium. Although benign from a histological point of view, its location can put the patient's prognosis at risk. Its insidious symptoms often make it difficult to diagnose until the stage of complications.

Case report:

58-year-old patient, with a cardiovascular risk factor of type 2 diabetes under oral antidiabetic medication and a history of atrial fibrillation under direct oral anticoagulant, admitted for the management of dyspnea stage III NYHA. The clinical examination on admission was unremarkable, the ECG was in rhythm with atrial fibrillation. Transthoracic echocardiography found a dilated left atrium containing a large sessile pedunculated mass of 17 cm² with an implantation base on the left side of the interatrial septum. Cardiac MRI was performed, suggesting a cardiac myxoma. The patient underwent surgical resection of the left atrial mass with anatomopathological examination of the surgical specimen showing a histological appearance in favor of a cardiac myxoma.

Discussion :

Although myxoma is the most common primary cardiac tumor in adults, it remains rare, representing only 0.25% of heart diseases [1]. The benign histological nature of myxoma is accepted by all authors. It is a tumor developed from embryonic remnants sequestered mainly in the oval fossa of the interatrial septum [2,3]. Hence the clear predominance of the implantation site at the interatrial septum, with the preferred location: the left atrium (75%) followed by the right atrium (18%) [4]. The manifestations of left heart failure associated with signs of mitral valve disease can reach 70% of clinical manifestations in some series [5]. Echocardiography has become the essential examination for the diagnosis of myxoma. However, the use of magnetic resonance imaging with injection of contrast agent can be interesting, particularly in the case of atypical location, to decide between thrombus and myxoma. However, contrast enhancement is not a pathognomonic sign of myxoma and can be seen in cases of neovascularization of a chronic thrombus and in cases of other cardiac tumors (sarcomas). Surgical resection most often allows definitive treatment and must be performed quickly given the risks of sudden death and embolism.

Conclusion :

Myxoma, although a benign mass, can induce dramatic symptoms and put the patient's prognosis at risk. In case of suspicion, it must be diagnosed early and managed, in particular by surgical means.

44

45 Références :

46 [1] Fayard JM, Maurice P. Conférence de Cardiologie 1980;25:31–3.

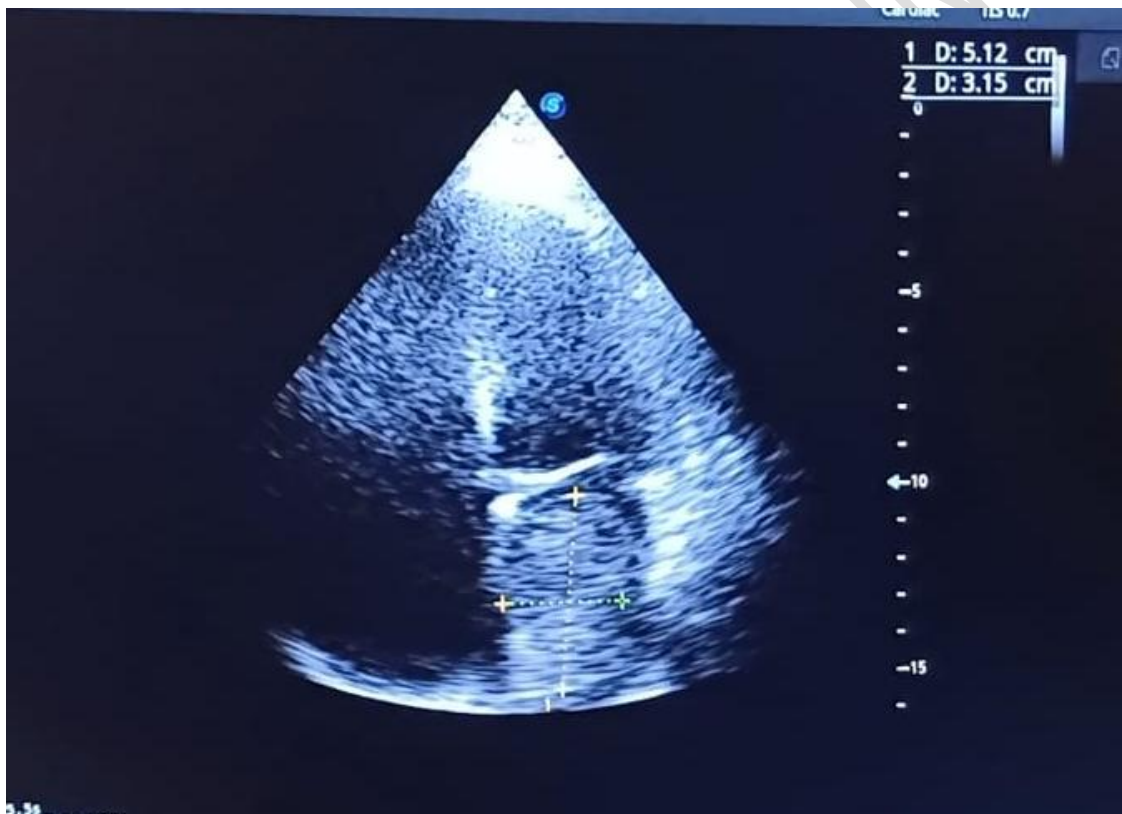
47 [2] Loire R. Le myxome de l'oreillette gauche : bilan évolutif de 100 malades opérés.
48 Arch Mal Cœur1996;89:1119–25.49 [3] David RJ, Ronald CH, Albert EA. Unusual location of an atrial myxoma
50 complicated by a secundum atrial septal defect. Ann ThoracSurg1993;55:1252–3.51 [4] Robert JH, Denton A, Colley. Tumeurs du Cœur. In: Hurst JW, editor. Le Cœur.
52 Paris: Masson; 1985. p. 1330–50.

53 [5] Reynen K. Cardiac myxomas. N Engl J Med 1995;333:1610–7.

54

55 Images:

56



57

58

59 Figure1: Apical four chambers view showing the myxoma in the left atrium

60

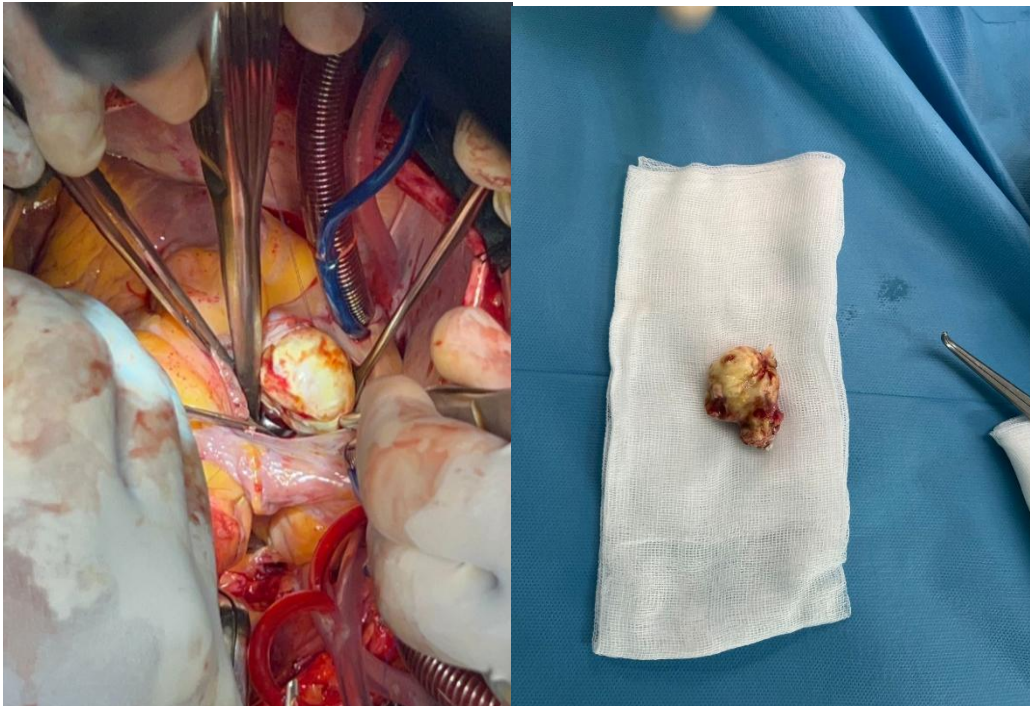


Figure 2 :Surgical view of the cardiac myxoma