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Case Report

INCIDENTAL DISCOVERY OF CARDIAC MYXOMA

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Abstract

Cardiac myxomas are the most common primary cardiac tumors, representing more than 80% of cases in the left atrium. Although histologically benign, their strategic location can lead to serious complications and even sudden death. We report the case of a 58-year-old woman with type 2 diabetes and a history of atrial fibrillation who was admitted for dyspnea. Transthoracic echocardiography revealed a large pedunculated left atrial mass attached to the interatrial septum, measuring 17 cm². Cardiac magnetic resonance imaging was highly suggestive of a myxoma. The patient underwent successful surgical excision, and histopathological examination confirmed the diagnosis of cardiac myxoma. This case highlights the importance of considering myxoma in the differential diagnosis of unexplained dyspnea. Early diagnosis and prompt surgical management are crucial to prevent potentially fatal embolic or obstructive complications.

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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.

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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 atrim (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.

Images:

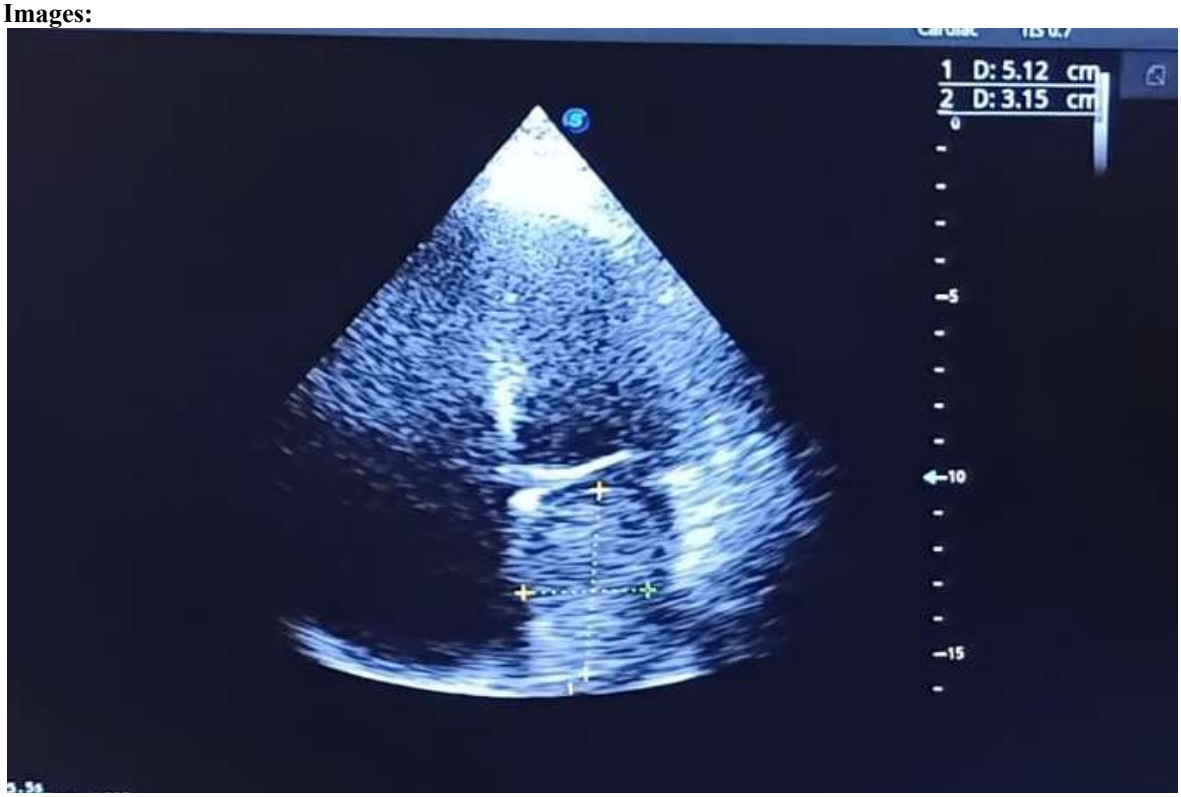

Figure1: Apical four chambers view showing the myxoma in the left atrium

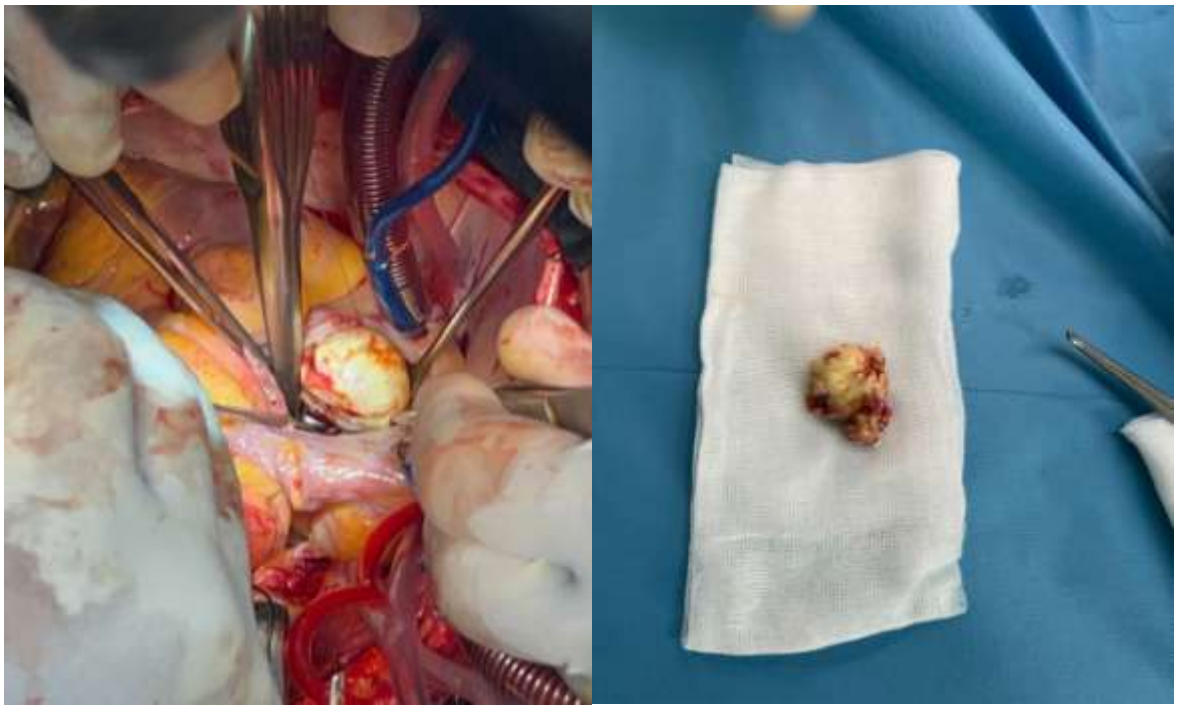

Figure 2 :Surgical view of the cardiac myxoma

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