Trans-thoracic echocardiography showed biatrial pedunculated atrial myxoma with a murmur with intensity of 3/6 during systole and 2/6 in diastole in the left atrium. The patient had symptoms of hemoptysis. On clinical examination the only significant finding was a spotty pigmentation and knowledge of that rare localization of atrial myxomas. The authors have 10 case reports published within the last 10 years [2]. Because our patient had not been presented before in an international journal, I wanted to share our experience in order to contribute to the literature and expand the number of cases (3.4%).

Our patient was a 22-year-old male who was admitted to our Emergency Hospitals of Geneva and School of Medicine, Geneva, Switzerland for attachment of the stalk was the fossa ovalis region of the interatrial septum. The mass was localized in both atria. The tumor contained in the left atrium was creating functional mitral stenosis as well. The patient was referred to the Cardiothoracic Centre in Istanbul and underwent an open heart procedure for the resection of both atrial myxomas with their base on the inter-atrial septum and repair of the inter-atrial defect with a ePTFE patch. The mitral insufficiency was treated with a Durafix annuloplasty ring, and the tricuspid valve with De Vega annuloplasty. The postoperative period was uneventful and the patient was free of any symptoms, with normal echocardiographic findings during his follow-up.

References


eComment: Re: Surgical treatment of primary intracardiac myxoma: 19 years of experience

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We have examined the message from Samanidis and colleagues [1] with great interest. The Bakoulev Center has an extensive experience of more than 400 successful operations for heart tumor removal. Myxomas are the most frequently encountered type of heart tumor. Seventy-five percent of myxomas are found in the left atrium, 20% are located in the right atrium, and 5% appear elsewhere [2]. It is worth mentioning that, according to our observations, the location of points of attachment of myxomas in the atria has been subject to some sort of evolution in recent times; previously the most common location (in about 90% of cases) for attachment of the stalk was the fossa ovalis region of the interatrial septum, but nowadays more and more myxomas are found attached to other areas. We even had a single case of giant tandem myxoma of left and right atria, which has been covered in Russian medical literature. The tumor consisted of two parts which measured 576 cm³ in the right atrium and 232 cm³ in the left atrium, protruding from the middle third of the interatrial septum. The tumor was successfully removed. We routinely perform coronary angiography in all patients aged 45 years and older, and have eight patients who received concomitant myocardial revascularization.

In addition to the above, we would also like to point out that, from our point of view, transthoracic echocardiography is sufficient to diagnose a myxoma, transesophageal echocardiography being necessary only in complicated cases where precise location of the point of attachment of the stalk of the myxoma is required.

References