

Asymptomatic spontaneous complete dislodgement of a right atrial myxoma

A 56-year-old woman was incidentally found to have a large right atrial myxoma, and was scheduled for elective surgical removal 2 weeks later (*Figure 1*). Before surgery took place, the myxoma underwent spontaneous complete dislodgement and embolization to the left pulmonary artery (*Figure 2*). The large tumour burden in the patient caused a pulmonary infarct.

Large atrial myxomas present with

obstructive, constitutional, embolic symptoms or sudden death (Acebo et al, 2003; Singh et al, 2016). Pulmonary infarcts usually present with pleuritic chest pain and haemoptysis (Stein et al, 1991). The unique aspect of this case is the patient remaining completely asymptomatic throughout. Pulmonary embolectomy was successfully completed, and histopathology confirmed the embolus tissue was a cardiac myxoma. Embolization from a right atrial myxoma can be life threatening. Therefore, rather than delay and consider as a routine elective procedure, a better option might be to treat upon discovery. **BJHM**

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Stein PD, Terrin ML, Hales CA, Palevsky HI, Saltzman HA, Thompson BT, Weg JG. Clinical, laboratory, roentgenographic, and electrocardiographic findings in patients with acute pulmonary embolism and no pre-existing cardiac or pulmonary disease. *Chest*. 1991 Sep;100(3):598–603. <https://doi.org/10.1378/chest.100.3.598>

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Figure 1. Apical four-chamber view showing a large mobile mass attached to the lateral right atrial wall.

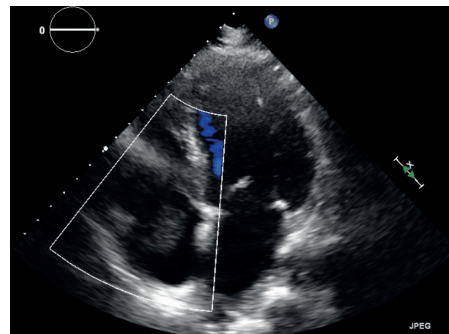


Figure 2. Computed tomography angiography showing large filling defect (arrow) in the left pulmonary artery.

