A vascular left atrial myxoma causing obstructive symptoms

Rob Butler, Mark Webster, Sally Greaves

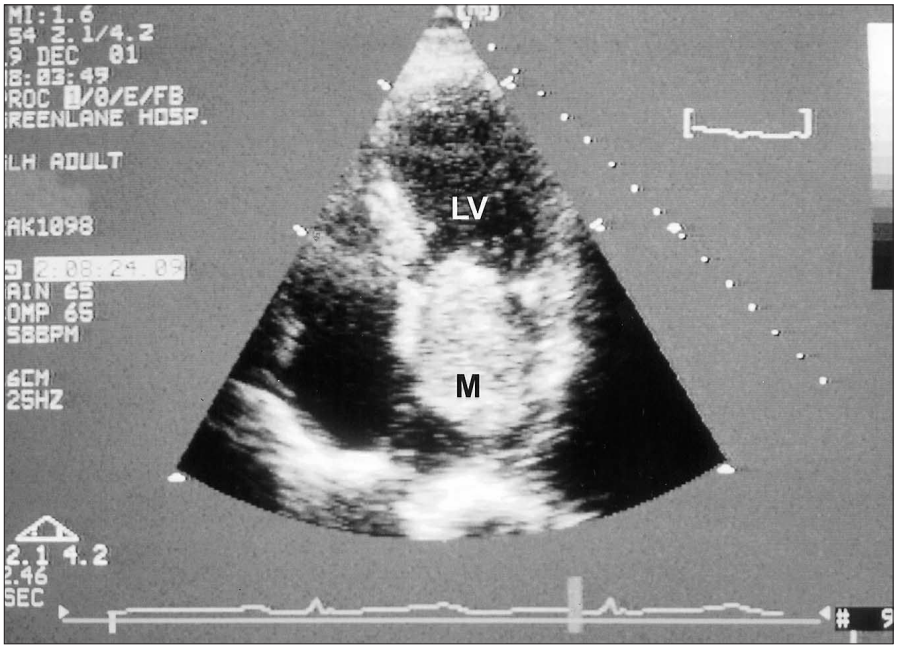


Figure 1. Transthoracic echocardiograph of left atrial myxoma (apical four chamber view). LV = left ventricular cavity; M = myxoma.

CASE REPORT

A 63-year-old Chinese lady presented with acute dyspnoea, palpitations and a short history of intermittent presyncope. Her dyspnoea was worse on lying flat, improved on standing, and had an effort-related component. She had had a similar episode of positional dyspnoea 3 months earlier, while visiting relatives in China. There was no history of constitutional symptoms or signs consistent with systemic embolization.

On admission, her cardiac rhythm was an atrial tachycardia, which terminated with intravenous adenosine. A mid diastolic murmur was then heard on examination, and investigated by echocardiography (*Figure 1*). This demonstrated a left-sided intra-cardiac mass (5.8 cm x 4.2 cm) attached to the atrial septum, consistent with an atrial myxoma. There was obvious prolapse through the mitral valve, associated with a functional mitral inflow gradient of 9 mmHg.

A coronary angiogram (*Figure 2*), performed before surgical removal of the tumour the next day, demonstrated a single feeding vessel arising from the right coronary artery, supplying a large vascular mass. The left coronary system was normal.

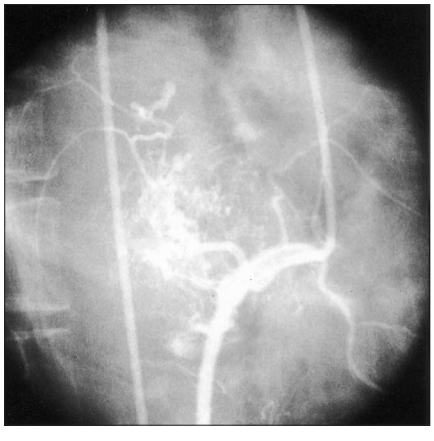
At operation, a large, smooth, gelatinous mass was excised, including its broad-based attachment to the intra-atrial septum. The atrial septum was repaired with a pericardial patch. Histology demonstrated features typical of a cardiac myxoma. Postoperatively she has remained well.

DISCUSSION

This case illustrates the marked vascularity which myxomas may sometimes exhibit, in this case with the tumour supplied by a single feeding vessel from the right coronary artery. Another unusual feature was the clinical presentation with a combination of atrial tachycardia and 'orthopnoea'.

Typically myxomas will present with progressive dyspnoea, evidence of systemic embolization, constitutional upset, e.g. fever, anorexia and weight loss. The first presentation may be sudden death. Patients are usually in sinus rhythm and atrial arrhythmias are unusual. HM

Figure 2. Coronary angiogram of right coronary artery showing single feeding vessel to atrial myxoma.



Dr Rob Butler is Consultant Cardiologist, Department of Cardiology, University Hospital of North Staffordshire NHS Trust, City General Hospital, Stoke on Trent ST4 6QG, **Dr Mark Webster** is Cardiologist and **Dr Sally Greaves** is Cardiologist in the Department of Cardiology, Green Lane Hospital, Auckland, New Zealand

Correspondence to: Dr R Butler