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Left Ventricular Myxoma: A Case Report

Nadia Loudiy[1], Najat Mouine[2], Ilyass Asfalou[3], Maha Raissouni[4], Atife Benyasse[5], El Mehdi Zbire[6]

[1,2,3,4,5,6]FiCardiology department of Mohammed V Military Hospital Rabat

Abstract: The most common cardiac tumor is cardiac myxoma in patients of all ages; most of the time it's encountered as single left atrial tumors. Case reports of left ventricular myxomas having been recorded, are very rare. We report a case of a left ventricular myxoma without left ventricular outflow tract obstruction in asymptomatic old male. Transthoracic echocardiograms highlighted a single, mobile and large (22 × 19 mm) mass within the left ventricular cavity with oscillation into the outflow tract, without causing obstruction during systole. Magnetic resonance imaging precise the location and tissue composition of the mass, characterizing it as a myxoma. The patient has benefited of a complete surgical excision of the mass via aortotomy. The diagnosis of myxoma was confirmed with gross examination and histology.

I. INTRODUCTION

Myxomas constitute about 50% of primary cardiac tumors in patients of all ages and are the 3rd most prevalent cardiac tumor. Cardiac myxomas are typically atrial in origin. Conversely, myxomas arising from the left ventricle (LV) are rarely reported. [1] Tumors of the LV are more frequently diagnosed because of signs and symptoms suggestive of cardiac pathologic conditions including syncope, thrombo-embolism, arrhythmias, congestive heart failure, and sudden death.[1,2]

This tumor can remain in rare asymptomatic cases and fortuitous discovery during an echocardiography.

We report a rare case of an asymptomatic old male with a common cardiac tumor in an unusual location within the LV.

II. CASE REPORT

He is a 63 years old hypertensive man known and regularly treated for three years, who consulted in the cardiology department of Mohammed V Military Hospital in Rabat .

There was no functional symptomatology and no family history of heart disease. Clinical examination was normal. In the chest radiograph, the cardiothoracic ratio was normal (0.48). The electrocardiogram noted a left ventricular hypertrophy. Transthoracic and transoesophageal echocardiography revealed a left intraventricular tissue process with a broad implantation base, inserted on the interventricular septum in its movable infero-septal segment measuring 22 × 19 mm, but with no obstructive effect on the ejection pathway aortic.

Magnetic resonance imaging (MRI) revealed a left ventricular rounded mass, hyperdense to the myocardium.

Given the potential risk of an embolic event, the patient is referred for a cure surgical procedure with cardiac pulmonary bypass.

Pathologic examination after surgical excision of the tumor confirmed the diagnosis of myxoma.

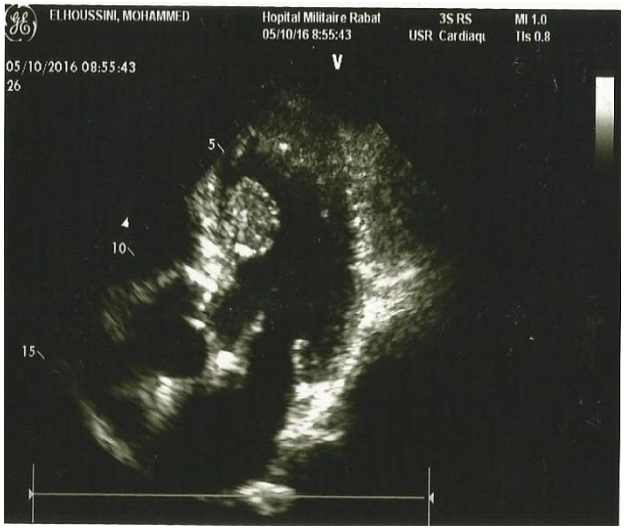

Figure 1: TransThoracic Echocardiography aspect of LV Myxoma

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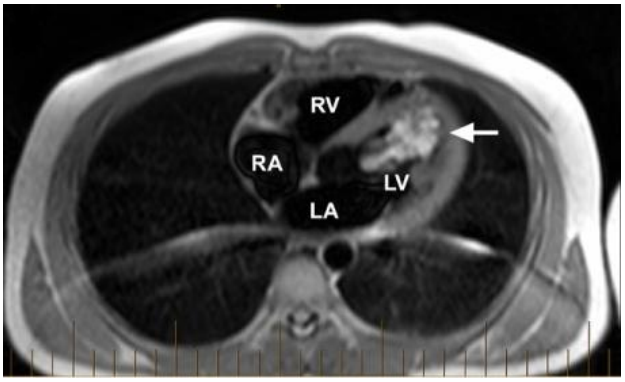

Figure 2: Cardiac magnetic resonance image of LV myxoma

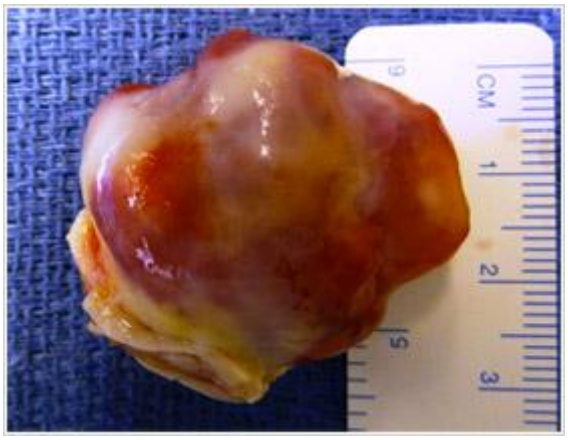

Figure 3:photography of LV myxoma

III. DISCUSSION

Although relatively rare, the discovery of a cardiac tumor is not exceptional [3]. It usually occurs in an evocative clinical context, but also fortuitous when performing a morphological examination (echocardiography, cardiac scanner or even cardiac MRI).

These are usually secondary tumors. When they are primitive, these tumors are benign in the majority of cases [4], and they are represented by myxomas in nearly 50% of cases. Although benign, they represent a hemodynamic and embolic evolutionary potential justifying a surgical cure as soon as the diagnosis.

Left intra-atrial location of myxomas is the most frequent. Ventricular myxomas are rare [5], but usually easily visualized by transthoracic echocardiography, their frequency is so low that their formal diagnosis can only be proposed after histological examination. In any case, before the surgical cure, it will be necessary to specify the precise seat of implantation of the tumor, its relations with the mitral valve and the subvalvular apparatus. Transesophageal echocardiography is necessary and sufficient to perform this assessment, essential before the surgical treatment

IV. CONCLUSION

The diagnosis of cardiac tumors in general and left ventricular myxoma in particular is made easy by echocardiography, especially in asymptomatic forms that are fortuitous discovery. The treatment is surgical and based on the principle of a complete excision, especially at the level of the implantation base.

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