



Symptomatic Myxoma of the Left Atrium Enclosed In the Mitrates Valve: Case Report

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ABSTRACT

We report the case of a myxoma of the left atrium in a patient aged 73, who presented for lipothymic discomfort. Echocardiography was used to diagnose an hypermobile myxoma attached to the interauricular septum with haemodynamic impact. Support was limited because of the very small technical platform.

KEYWORDS: Myxoma, Left Atrium, Echocardiography

INTRODUCTION

Cardiac myxomas are the most common intracardiac primary tumors in adults with a frequency of 0.5 per million populations per year [1]. They represent 50% of heart tumors. Although benign from a histological point of view, its location can put the patient's vital prognosis at risk. Its insidious symptomatology often makes it difficult to diagnose until the stage of complications. Approximately 50% of myxoma patients have symptoms due to cerebral or peripheral embolism, or intracardiac obstruction. Ten percent are completely asymptomatic. Transthoracic and transesophageal echocardiography allow diagnosis with sensitivity close to 100%.

OBSERVATION

A 73-year-old woman, hypertensive, received in consultation for precordialgia associated with lipothymic discomfort that increased during the effort that had been going on for two weeks in a context of apyrexia and general state preservation. The physical examination revealed a good general condition, the blood pressure was 135/70 mmHg at both limbs. The radial pulse rate was estimated at 73 beats per minute. The cardiovascular and neurological exams were without abnormalities. The electrocardiogram showed a regular sinus rhythm with a heart rate of 77 / min. There was a left atrial hypertrophy and no repolarization or conduction disorders. Echocardiography showed a dilated left atrium containing a mass adhered to the interatrial septum measuring 29 / 15mm, highly mobile, crossing the mitral orifice and being found almost entirely in the left ventricle during diastole with subtotal obstruction of the mitral orifice and discharged into the left atrium during systole (Figure 1, Figure 2, Figure 3). The left ventricle had normal systolic function (ejection

fraction at 57%). No valvular leakage and the right cavities were not dilated. The rest without particularities. While waiting for surgery, we initiated a preventive anticoagulation and recommended an eviction of any effort.

DISCUSSION

Primary heart tumors represent less than 0.2% of all neoplasias, three quarters of these tumors are benign and half of these tumors are myxomas, the woman is more often affected [2]. Myxomas can sit in the atrium, ventricles or mitral valve, with a clear predilection for the left atrium [3, 4]; this is the case of our patient. The symptomatology remains variable and depends on the location, shape, size and activity of the patient [5]. The common manifestation is the cardiac failure followed by embolization [5, 6]. Our patient presented lipothymic discomfort which was increased during the effort, this could be explained by the great mobility of the mass, whose standing position the effect of gravity would favor the almost permanent obstruction of the valve orifice. inducing the decrease in ventricular diastolic volume and cardiac output. As in all literature, echocardiography has made it possible to accurately diagnose mass; other non-invasive diagnostic methods such as magnetic resonance imaging, tomography can be used for more diagnostic accuracy [4]. The hyper-mobile aspect of the mass with a haemodynamic impact is a very urgent indication of surgical intervention to avoid embolization [7]. We have not been able to implement this recommendation given the very limited surgical technical platform in our community.

This article is a clinical case that can be considered isolated. However, this clinical case shows the variability of the manifestation of the myxoma and draws the attention of the

clinician to always carry out investigations in front of any cardiac symptomatology.

CONCLUSION

The myxoma, although a benign tumor, can induce dramatic symptomatology and put the patient's vital prognosis at risk. In case of suspicion, He must be diagnosed early and supported by the surgical method. In our environment, even in cases such as this one exposing the patient to a fatal complication of type of obstruction of the orifice with fall of the blood flow, the urgent optimal care remains hypothetical because of the limited technical plateau.

Conflicts of interest: the authors did not declare any conflict of interest regarding this article

FIGURES



Figure 1: Long-axis parasternal view: myxoma in diastole



Figure 2: Apical 4 chamber view: myxoma in systole



Figure 3: Apical 4 chamber view: myxoma locks into the mitral valve in diastole

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