A Giant Left Atrial Myxoma Causing Severe Pulmonary Hypertension. A Case Report*

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Myxoma is the most common type of primary cardiac tumors. Majority of cardiac myxomas are solitary and benign. It usually occurs in the left atrium and has a pedicle attached to the interatrial septum around the fossa ovalis. It is associated with different clinical symptoms of mechanical intracardiac obstruction, embolism or positional disturbances but may rarely remain asymptomatic for a long time as in our case. Pulmonary hypertension is a rare clinical condition associated with myxomas.

In this paper, we present a large, immobile, left atrial myxoma filling the whole left atrium and causing pulmonary hypertension.

Key Words: Myxoma; Echocardiography.

Introduction

Myxoma is the most common type of primary cardiac tumors, accounting for approximately 30-50% of all primary cardiac tumors.1 It arises from mesenchymal cells.2 Typically, myxomas are benign neoplasms. Tendency to recurrence and occurrence in multiple locations and familial predisposition are other characteristics of this tumor. The usual site of attachment is the interatrial septum around the fossa ovalis.3,4 In the present paper, we report a patient with left atrial myxoma filling the whole left atrium and causing pulmonary hypertension.

Case

A 69-year-old female patient, suffering from dyspnea and palpitation for one year was referred to outpatient clinic. Patient described shortness of breath during daily activities. She gave no cardiac family history. Blood pressure and heart rate was 120/80 mmHg, 70/min, respectively. Electrocardiography revealed sinus rythym and biochemical parameters were normal. Echocardiography revealed a giant left atrial mass (6×5 cm in diameter) filling the whole left atrium on parasternal long axis view (Figure 1).

It was spherical in shape and immobile due to the giant size. Left cardiac chamber was normal (dd: 4,5; ds: 2,28; cf: 79), but right chambers were dilated (ra: 4,5; rv: 4,7; pab: 45-50). We could not see its pedicle because the whole left atrium was filled by the mass. The absence of infiltration and polypoid appearance suggested a left atrial myxoma. Coronary angiography was performed to exclude coronary artery disease. Myxoma was evacuated as two pieces due to the technical difficulty in reaching whole tumor material. Surgical material of the left atrial myxoma was seen on Figure 2.
The patient was stable on the postoperative period and she had no shortness of breath. Echocardiography was performed on the second postoperative day and right chamber sizes were decreased relatively, PAB was decreased to the normal level. The patients was discharged from the hospital on the fifth postoperative day. The patient was clinically stable in the first month follow-up.

**Figure 1.** Giant left atrial myxoma, on parasternal long axis.

**Figure 2.** Surgical material of the left atrial myxoma

**Discussion**

Myxomas are the most common type of benign primary cardiac tumors.\(^1\) Seventy percent of the myxomas are located in the left atrium as in the present case. Myxomas are associated with clinical symptoms of intracardiac obstruction, embolism, or constitutional disturbances, and may rarely remain asymptomatic if the rate of tumor growth is not rapid.\(^5\) Clinical symptoms of the patient is not atypical, in this regard, the main symptom is shortness of breath and effort dyspnea. She has been suffering from this complaint for a long time but severity and the frequency has increased over the time. Echocardiographic examination of the patients suffering from such kind of symptoms plays an important role in the diagnosis. Echocardiographic examination revealed a large, immobile, spherical shape left atrial mass and pulmonary hypertension.

Myxomas are generally solitary and pediculated tumors, and the usual site of attachment is the interatrial septum in the region of the fossa ovalis.\(^3\) They have size ranging from 4 to 8 cm in diameter and moves through left ventricle during diastole.\(^6\) In our case, the mass was so large as, it could not be move and pedicule was not seen. Therefore, we scheduled surgery for both diagnosis and treatment. The patient was stable during postoperative period, and pulmonary artery pressure decreased to 20 mmHg. Surgical resection is the choice of treatment and the prognosis is usually good.

This case made us suggest that, myxomas can vary in size and clinical signs, they may be asymptomatic for years, and rarely may be accompanied by pulmonary hypertension.

**References**


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