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## Images in Cardiology: Protruding Left Atrial Myxoma Presented with Congestive Heart Failure and Transient Ischemic Attack

MI-SEUNG SHIN, M.D., WOOK-JIN CHUNG, M.D., KWANG KON KOH, M.D., YOUNG MI YUN, R.N., KYU JIN OH, M.D., KYOUNGSOON JIN, M.D., EAK KYUN SHIN, M.D.

Division of Cardiology, Gil Heart Center, Gachon Medical School, Incheon, Korea



FIG. 1 Two-dimensional echocardiography revealed a irregular shaped echogenic mass of  $8 \times 6$  cm occupying the enlarged left atrium.

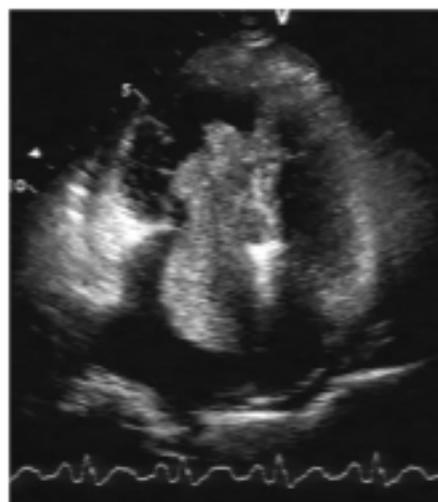


FIG. 2 Left atrial mass protruding into the left ventricle through the mitral valve during diastole.

A 58-year-old woman presented with intermittent dyspnea and dizziness of four months duration and aggravated dyspnea and palpitation during the previous three days. She also experienced transient ischemic attack. Chest x-ray revealed pulmonary congestion. Her electrocardiogram showed sinus tachycardia, atrial premature beats, and left atrial overload. Two-dimensional echocardiography revealed a mass occupying the left atrium, originating from the interatrial septum (Fig. 1) and protruding into the left ventricle through the mitral valve during diastole (Fig. 2). Significant mitral valve obstruction with a mean diastolic pressure gradient of 12 mmHg was detected on Doppler echocardiography. Mild mitral regurgitation was found. She was operated upon using extracorporeal circulation. The resected irregular shaped mass was  $8 \times 6 \times 3$  cm in size (Fig. 3). Histologic examination confirmed that the mass was a benign atrial myxoma. The post-operative course was uneventful and fourteen months after the surgery the patient has no sign of recurrence. Myxoma is the most common benign tumor of the heart and rarely results in mitral valve obstruction producing congestive heart failure and transient ischemic attack.

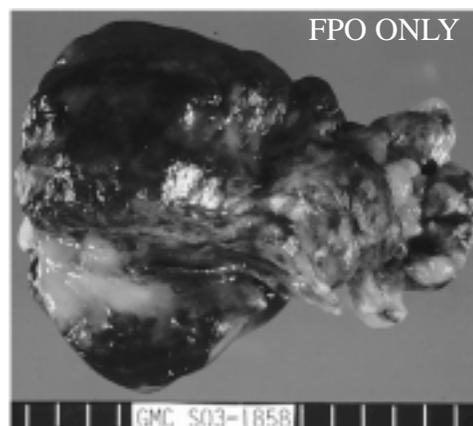


FIG. 3 Pathologic specimen revealed  $8 \times 6 \times 3$  cm irregular shaped myxomatous mass with a smooth surface.

### Reference

Selkane C, Amahzoune B, Chavanis N, Raisky O, Robin J, Ninet J, Obadia JF: Changing management of cardiac myxoma based on a series of 40 cases with long-term follow-up. *Ann Thorac Surg* 2003;76(6): 1935–1938