

Large Left Atrial Myxoma Mimicking Mitral Valve Stenosis

Marc-Alexander Ohlow, Swaroop Varghese, Bernward Lauer

***Marc-Alexander Ohlow**

Department of Cardiology, Zentralklinik Bad Berka, Germany

Phone: 0049 36458-51201; Fax: 0049 36458-53506; Email: marc.ohlow@zentralklinik.de

Description

A 65-year-old woman with no relevant previous medical history presented with dyspnea on exertion since four weeks. A progressive worsening of dyspnea was noticed the two weeks before admission, associated with several pre-syncopal episodes. Physical examination revealed a systolic murmur (grade 3/6) at the right upper sternal border radiating to the axilla. Echocardiography revealed a 6 cm large inhomogeneous tumor attached to the lateral wall of the left atrium. The mean gradient over the mitral valve assessed by Doppler was measured to be 15 mmHg. Magnet resonance imaging demonstrated a large myxoma consuming almost the entire left atrium during systole (Figure 1), with partial protrusion into the left ventricle during diastole (Figure 2). Pre-operative coronary angiography demonstrated normal coronary arteries and impressive vascularisation of the myxoma (Figure 3). Surgical removal of the myxoma was performed, and histological examination confirmed the diagnosis.

Figures

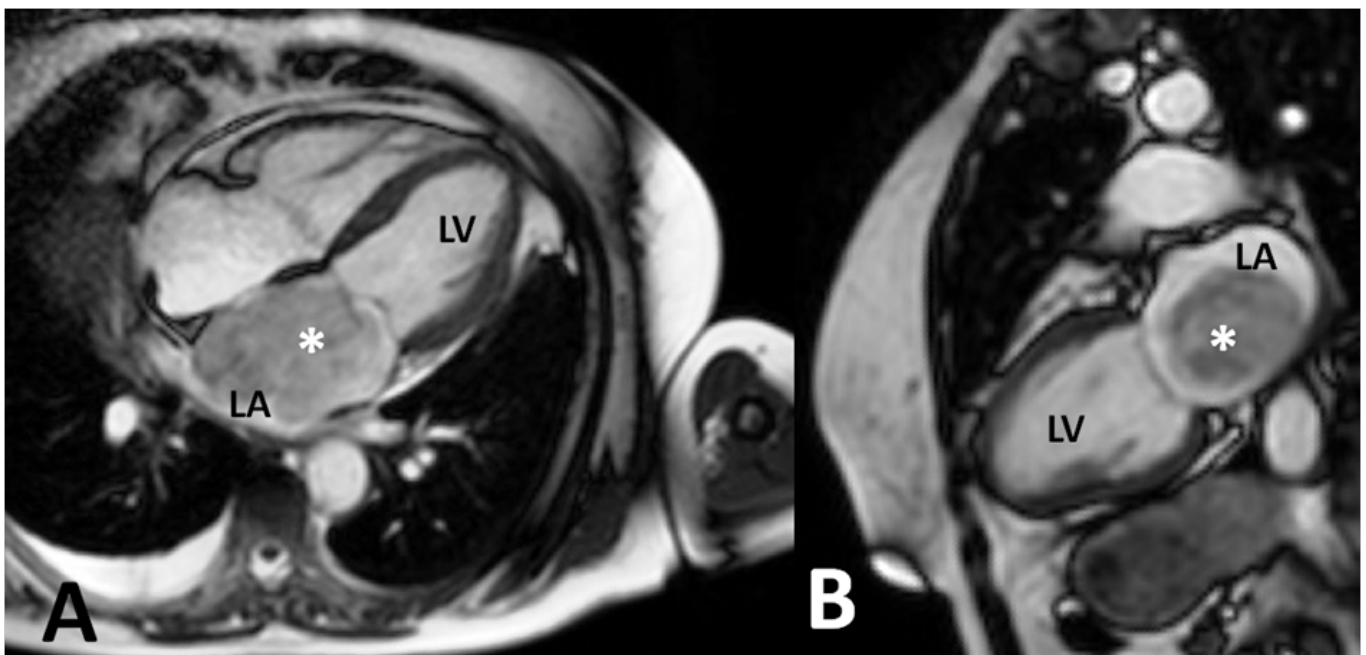


Figure 1: Magnet resonance imaging: Panel A: transverse plane and Panel B: sagittal plane demonstrating a large myxoma (asterisk) of the left atrium (LA) in systole; LV=left ventricle

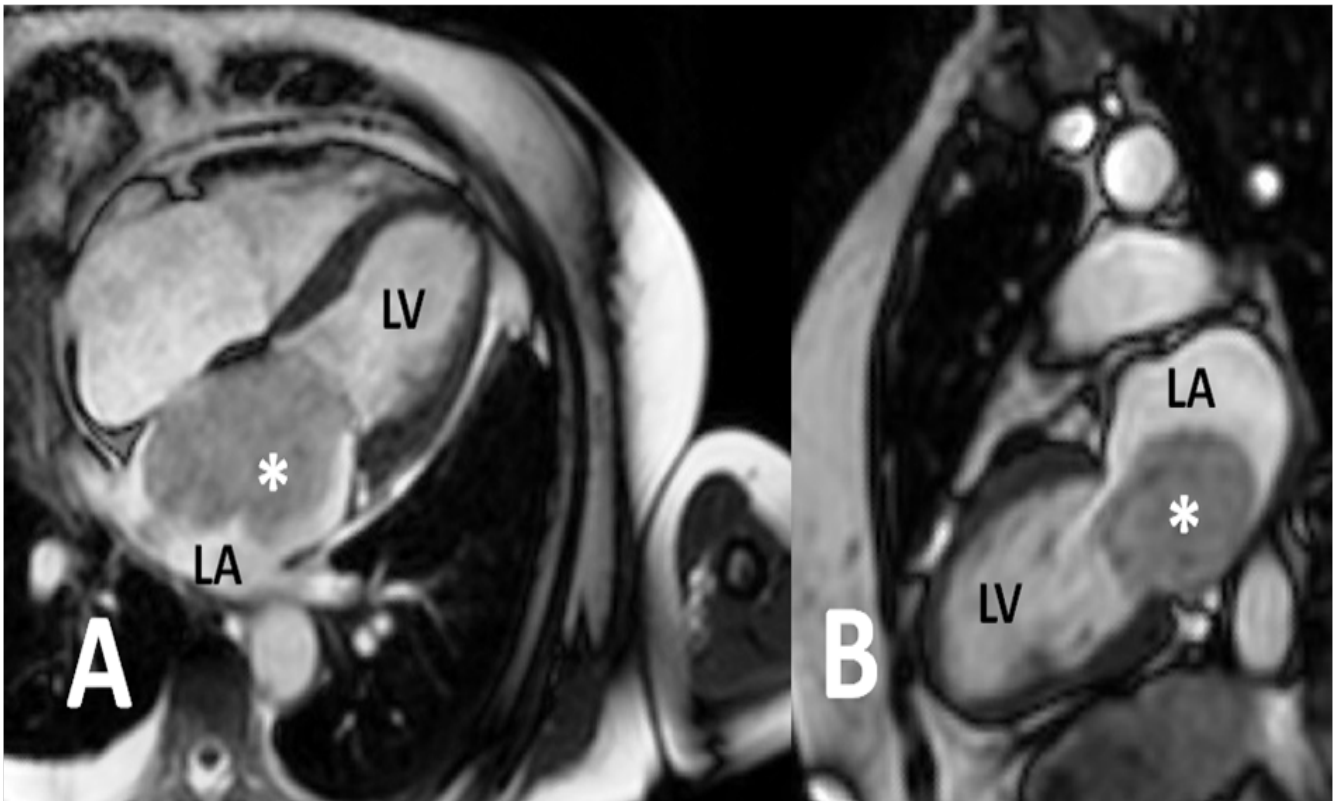


Figure 2: Magnet resonance imaging: Panel A: transverse plane and Panel B: sagittal plane demonstrating a large myxoma (asterisk) of the left atrium (LA) in diastole; LV=left ventricle

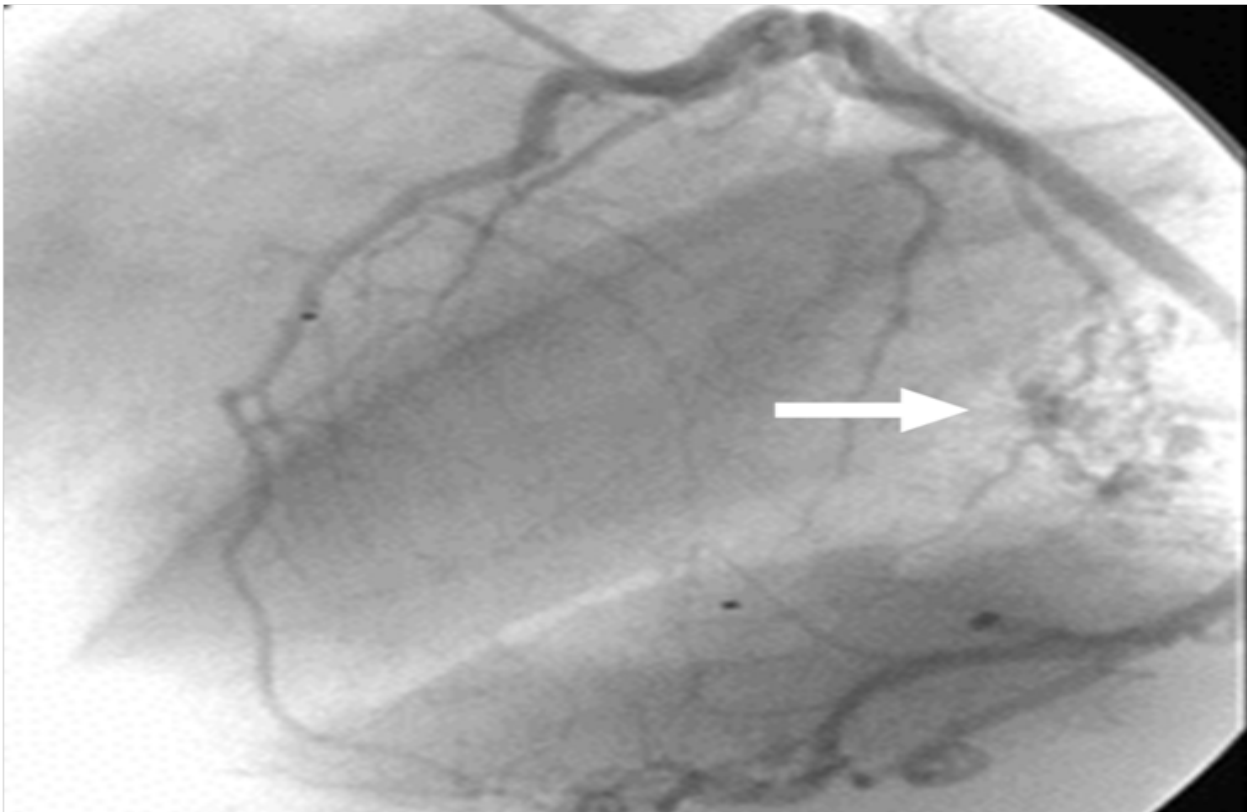


Figure 3: Coronary angiography: left anterior oblique view of the left coronary artery demonstrates the vascularisation of the left atrial myxoma (arrow)

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Authors Information: Marc-Alexander Ohlow*, Swaroop Varghese, Bernward Lauer

Department of Cardiology, Zentralklinik Bad Berka, Germany

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