

Recurrent Atrial Myxoma: Case Report

Yeusef Zurikat MD¹, Ade Almomanie MD^{2*}, Mohammad Abutaleb MD¹, Qais Alqusus MD², Ammar Alomari MD¹¹Cardiothoracic Surgeon, QAHI²Cardio-anesthesiologist; QAHIDOI: [10.36347/sjmcrc.2021.v09i12.020](https://doi.org/10.36347/sjmcrc.2021.v09i12.020)

| Received: 21.12.2021 | Accepted: 22.12.2021 | Published: 26.12.2021

*Corresponding author: Ade Almomanie MD

Abstract

Case Report

An atrial myxoma is a rare cardiac mass, but is considered the commonest benign heart tumor, which commonly occurs in the left atrium. About the recurrence of atrial myxoma in the first 5 years post-surgical resection is rare (2-5 %).

Keywords: Myxoma, Recurrent myxoma, Palpitation, Cardiac tumor, Left atrium, QAHI.

Copyright © 2021 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

1. INTRODUCTION

An atrial myxoma is one of the cardiac tumors and considered as the most common benign tumor of the heart; the left atrium is the main site of this type of tumor in a about 75% of cases [1]. About the causes of myxoma 90% of cases are sporadic and only 10% are related to inherited causes [2]. The growth of this cardiac mass is usually slow with smooth or irregular shaped surfaces, and its size is also variable, from a small one that may present without any symptoms to so large mass filled the left atrial cavity and may obstruct the left ventricular filling [3].

2. CASE REPORT

A 48 Jordanian male lived in Amman, married, with no previous medical history, about surgical history he was operated for surgical resection of atrial myxoma on 2017, he was referred to QAHI from a private clinic

after regular follow up in August 2021 with a main complaint of palpitation, on clinical examination he looked well, stable and his vital signs were normal, ECG showed sinus rhythm, TTE review was done revealed a left atrium is normal size by volume with large mass in the left atrial cavity sized 3.0x3.7 cm (figure 1), the mass is highly mobile and prolapsing through the mitral valve (figure2), so the mass characteristics are suggestive of a myxoma, the left ventricular size is normal with normal ventricular wall thickness, an EF was 55-60%.

Then a decision was taken by the cardiothoracic surgical team to operate the patient for the second time, and the surgical resection for the left atrial myxoma was done (Figure 3, 4, 5, 6, 7) and the patient was discharged 10 days post-operation without any complications.

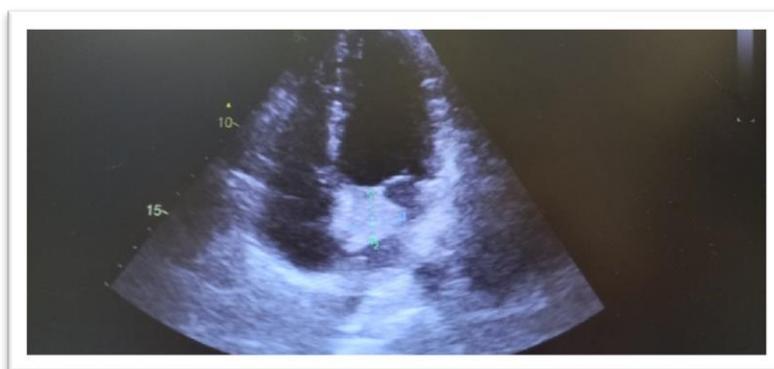


Fig-1

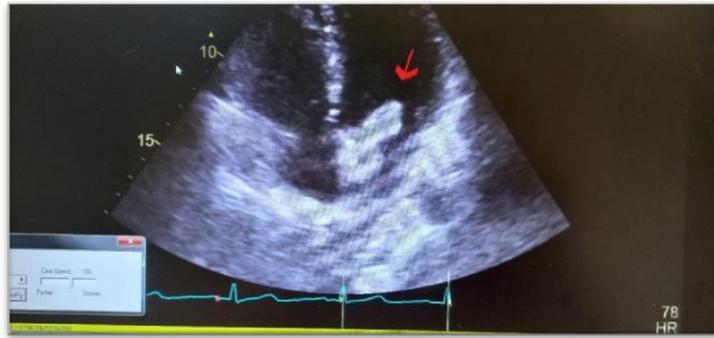


Fig-2

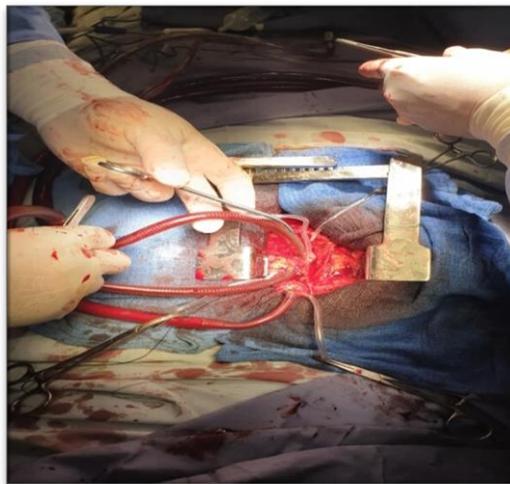


Fig-3

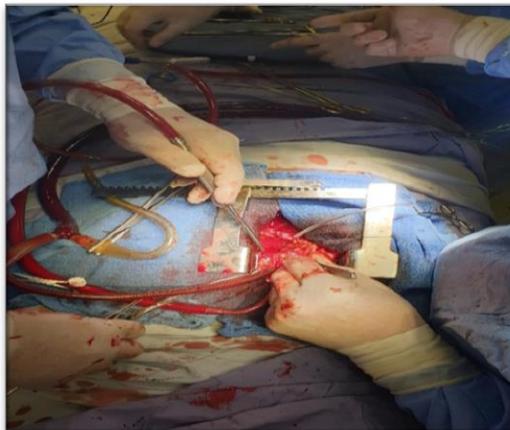


Fig-4

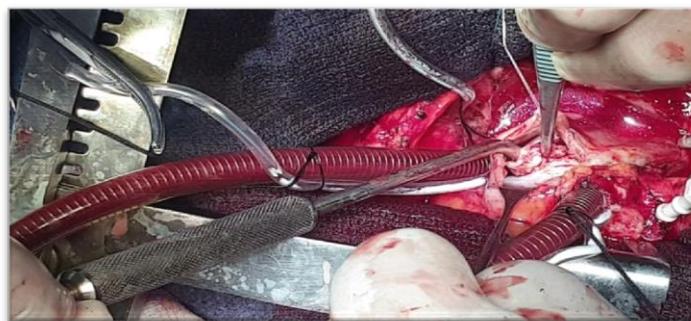


Fig-5



Fig-6



Fig-7

3. DISCUSSION

Myxoma is the most common benign cardiac tumor. The atrial myxoma is considered as the commonest type of cardiac myxoma with a prevalence rate higher in females than males, mainly between the 4th – 6th decades of life [4]. The clinical presentation of symptomatic patient usually related to the tumor size, site, the degree of obstruction and the effect of that mass on the cardiac valves, most of the patients presented with dyspnea, paroxysmal nocturnal dyspnea, and pulmonary edema, but from the less common Symptoms are chest pain, syncope, stroke, and palpitation like what happened with our patient [5-7]. The recurrence of atrial myxoma after surgical resection is a rare condition; however, the recurrence rate is usually does not exceeded 5% [7]. In our case the patient was operated for surgical resection of atrial myxoma 4 years before the second recurrence; he was operated again with complete resection for that myxoma. The decision for urgent surgical intervention was taken immediately, in trail to decrease the risk of many possible complications like embolic events. The long-term follow-up with TTE is necessary.

4. CONCLUSION

In conclusion, the symptoms of atrial myxoma may be variable and challengeable, and once we suspect cardiac myxoma, TTE is very valuable and should be performed as soon as possible. Even in rare recurrent cases of atrial myxoma, immediate surgical resection is

curative, and long-term follow-up of the patient is mandatory.

Abbreviations

ECG: Electrocardiogram
EF: Ejection Fraction
QAHI: Queen Alia Heart Institute
TTE: Transthoracic echocardiography

REFERENCES

1. Reynen, K. (1995). Cardiac Myxoma. *The New England Journal of Medicine*, 333, 1610-1617. <http://dx.doi.org/10.1056/NEJM199512143332407>
2. Masters, Barry, R. (2012-05-25). "Harrisons's Principles of Internal Medicine, 18th Edition, two volumes and DVD. Eds: Dan L. Longo, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, J. Larry Jameson and Joseph Loscalzo, McGraw Hill". *Graefe's Archive for Clinical and Experimental Ophthalmology*, 250(9); 1407–1408. doi:10.1007/s00417-012-1940-9. ISSN 0721-832X. S2CID 11647732.
3. Pinede, L., Duhaut, P., Loire, R. (2001). Clinical presentation of left atrial cardiac myxoma. A series of 112 consecutive cases. *Medicine (Baltimore)*, 80(3):159–172. doi: 10.1097/00005792-200105000-00002. [PubMed]
4. Yu, K., Liu, Y., Wang, H., Hu, S., Long, C. (2007). Epidemiological and pathological characteristics of cardiac tumors: a clinical study of 242

- cases. *Interact Cardiovasc Thorac Surg*, Oct;6(5); 636-9. [PubMed]
5. Gulati, G., Sharma, S., Kothari, S.S., Juneja, R., Saxena, A., Talwar, K.K. (2004). Comparison of echo and MRI in the imaging evaluation of intracardiac masses. *Cardiovasc Intervent Radiol*, 27:459. [10.1007/s00270-004-0123-4](https://doi.org/10.1007/s00270-004-0123-4)
 6. Constantine, G., Shan, K., Flamm, S.D., Sivananthan, M.U. (2004). Role of MRI in clinical cardiology. *Lancet*, 363; 2162. [10.1016/S0140-6736\(04\)16509-4](https://doi.org/10.1016/S0140-6736(04)16509-4)
 7. Lee, K.S., Kim, G.S., Jung, Y. (2017). Surgical resection of cardiac myxoma—a 30-year single institutional experience. *J Cardiothorac Surg*, 12(18). <https://doi.org/10.1186/s13019-017-0583-7>.