

Images in Thoracic Cardiovascular Surgery

Giant myxoma

Mixoma gigante



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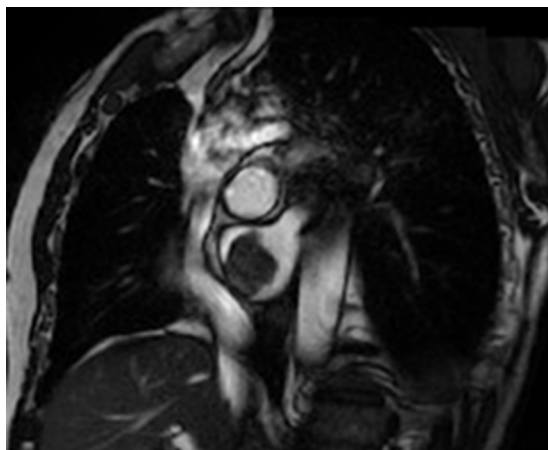
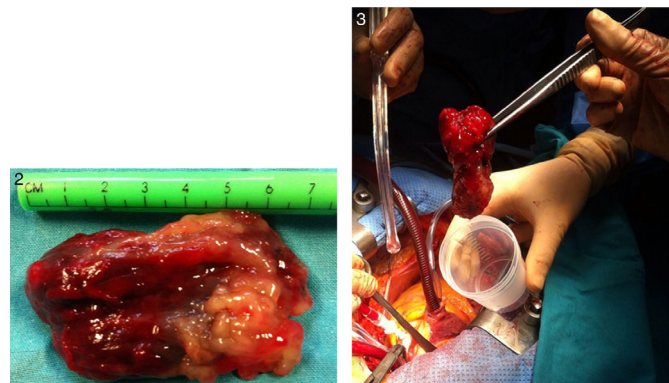


Fig. 1. Large mass in the left atrium.

A 69 year old male with ferropenic anemia and generalized malaise was referred to our hospital in order to investigate any underlying malignant disease. Faecal occult bloodtesting was negative. Lab tests and a panendoscopy were also negative. A full body CT scan showed a large mass in the left atrium and a MRI was performed to further determine the mass (Fig. 1). An ecocardiogram confirmed the presence of a large mobile mass of 83 mm × 30 mm which was anchored to the ceiling of the left atrium. The tumor prolapsed in to the left ventricle during dyastole, generating a dynamic mitral stenosis (VID1). Surgery was planned in order to remove the mass. Preoperative coronary angiography showed a three vessel coronary disease. A triple bypass surgery and a resection of the atrial mass was performed (Figs. 2 and 3). The pathology analysis confirmed the diagnosis of myxoma. The patient underwent an uneventful postoperative stay and was discharged 5 days after the procedure.

Myxomas represent nearly half of the benign cardiac tumors, they occur sporadically and the majority occur solitarily. They have



Figs. 2 and 3. Atrial mass.

predilection to be localized in the left atrium. Our case was a papillary myxoma which are fragile and prone to fragmentation and embolization.

Ethical disclosure

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this investigation.

Confidentiality of data. The authors declare that no patient data appears in this article.

Right to privacy and informed consent. The authors declare that no patient data appears in this article.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.circv.2016.07.002](https://doi.org/10.1016/j.circv.2016.07.002).

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