

Left atrial myxoma impaction of the left ventricle inflow tract

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Case report

A 77-year-old woman with chronic atrial fibrillation underwent a routine transthoracic echocardiography that showed a left atrial myxoma.

The patient underwent surgery by means of miniinvasive right thoracotomy in fourth intercostal space. Intraoperative transesophageal echocardiography showed a dangerous obstruction of the left ventricle inflow as illustrated in Figures 1 and 2.

The obstruction of flow through the mitral valve can induce pulmonary hypertension and clinical signs of congestive heart failure. Despite the fact that up to 95 % of patients can present symptoms related to obstruction of blood flow across the atrio-ventricular valve, the only symptom in our patient was palpitation correlated to the existing atrial arrhythmia.

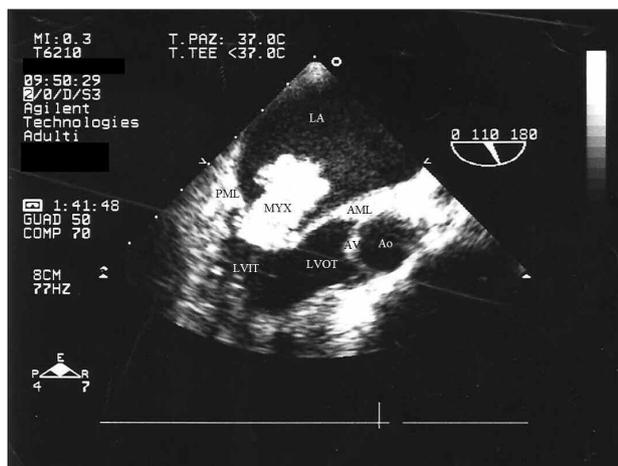


Fig. 1 - Midesophageal aortic valve long-axis view at angle of approximately 110° showing the protrusion of the myxoma, which measured about 32x15 mm, causing diastolic obstruction of the left ventricle inflow for tumor impaction in the mitral valve structures (MYX = myxoma, PML = posterior mitral leaflet, AML = anterior mitral leaflet, LA = left atrium, LVOT = left ventricular outflow tract, LVIT = left ventricular inflow tract, Ao = aorta).

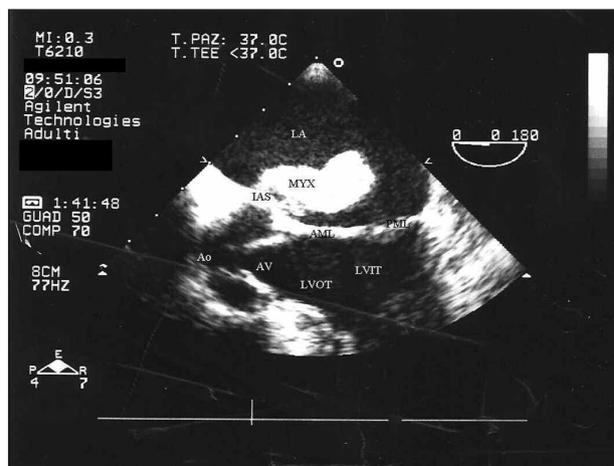


Fig. 2 - Midesophageal five-chamber showing in systole the tumour, above the mitral valve, with a pedicle attached to the inferior portion of the interatrial septum (IAS = interatrial septum).

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