

RARE CASE OF LEFT ATRIAL MYXOMA DIAGNOSED ON CARDIAC CT**Dr. Malvika Shitak* and Dr. Ishan Sharma**

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ABSTRACT

Most of the cardiac tumors are metastases; primary tumors of the heart are seen rarely. Benign tumors account for 77% and malignant tumors for 23% of primary cardiac tumors. Cardiac myxoma accounts for 24.4% of the benign tumors, and is the most common type of primary heart tumor in adults. These myxomas develop most frequently in the atria, with the left atrium being involved three times more often than the right. CT is presently the second method for evaluating the condition of a patient with suspected myxoma prior to surgery. It provides the necessary quantitative information. Cardiac CT was done in our patient which shows a polypoidal enhancing pedunculated mass in the LA with pedicular attachment to the fossa ovalis reaching upto the mitral valve.

KEYWORDS: Cardiac myxoma, cardiac CT, fossa ovalis.**INTRODUCTION**

Myxomas are the most common primary cardiac tumours, most commonly seen in left atrium but is less common in right atrium (RA). Cardiac myxomas are more common in women and present with constitutional symptoms^[1] such as poor appetite, marked fatigability and weight loss, which might be the only presentation. Echocardiography is most widely available, cost effective and noninvasive first-line imaging. It locates the mass, size, obstructive and embolic features. Cardiac CT can be used to look for its exact location, differentiate between fat and calcifications.

Clinical details

55 yrs old female patient presented with the complaints of shortness of breath & palpitation for 1 wk. Echocardiography was done 1 yr back & was reported as normal. Recent echo was done and it shows a 3 x 3.6 cm mass in the left atrium at fossa ovalis which is causing mitral valve obstruction. Cardiac CT was done which shows a polypoidal enhancing pedunculated mass in the left atrium with pedicular attachment to the fossa ovalis reaching upto the mitral valve.

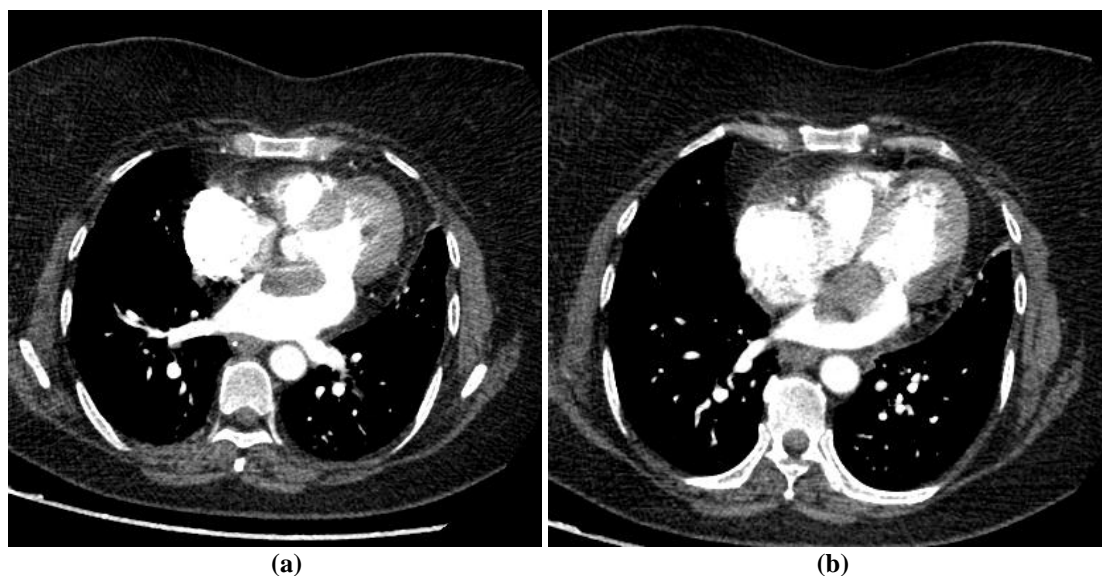


Fig. 1: Cardiac CT Axial (A & B) Shows Polypoidal Enhancing Pedunculated Mass In The La With Pedicular Attachment To The Fossa Ovalis Reaching Upto The Mitral Valve.

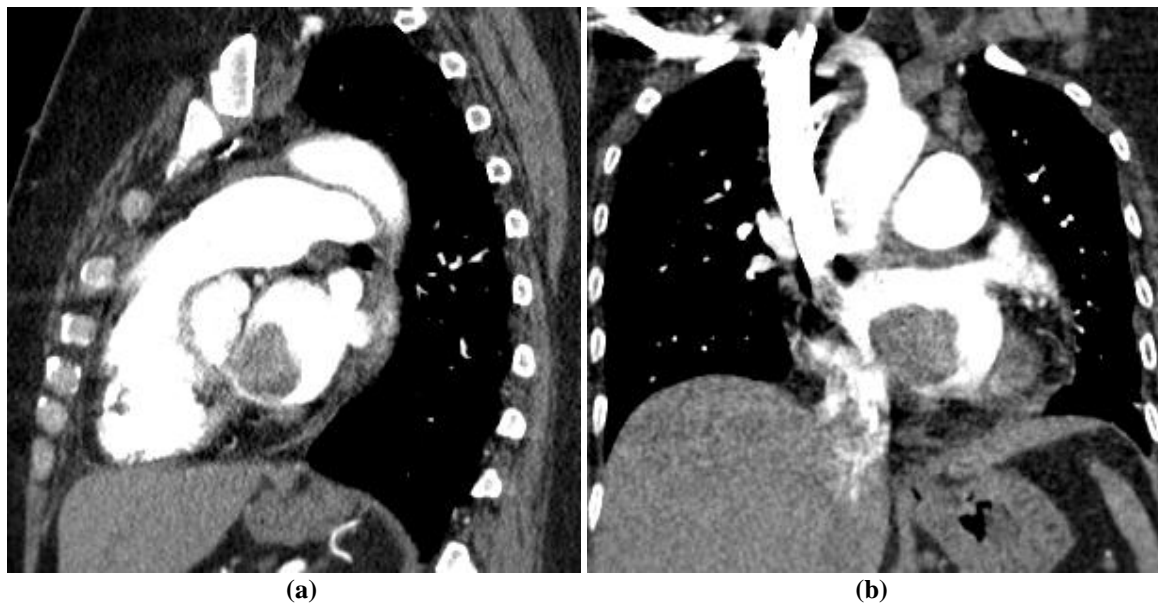


Fig. 2: Cardiac CT sagittal (a) and coronal (b) images shows hypodense non enhancing polypoidal mass in left atrium.

DISCUSSION

Cardiac myxomas are more common in women and is commonly seen in left atrium. Therefore, for the prevention of catastrophic complications from embolization or heart failure, a systematic history and examination leading to early diagnosis are paramount.^[2] Ninety per cent of the myxomas arise sporadically, whereas 10% are familial^[3], arising from multipotent mesenchymal cells.^[4] The attachment point can be broad, sessile, narrow or pedunculated^[5] and they are macroscopically gelatinous with smooth, villous, friable surface, which can embolize in 35%. The main DD for a myxoma is thrombus^[5] due to its heterogeneous appearance and confirmation is required, as anticoagulation is not proven to reduce embolic events in myxoma. Cardiac CT can be used to diagnose atrial myxoma and show a low density filling defect occupying in heart which may be seen attached to the interatrial septum.

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