

Left Atrial Myxoma - Not a benign course!

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Introduction :

A myxoma is a benign cardiac tumor and is the most common type of cardiac tumour in all age groups and is frequently located in left atrium. Early detection and management is crucial to avoid catastrophic complications.

Case :

A 71 year old female with a history of HFpEF, left atrial myxoma, COPD and multiple hospitalizations for heart failure exacerbations presented with lethargy, dyspnea and nonproductive cough for 1 week. Examination revealed hypothermia, tachypnea, BP 78/48 mmHg, HR 55, extensive pitting pedal edema, bibasilar lung crackles and a 2/6 systolic ejection murmur in the aortic area. Labs were pertinent for lactic acid of 2, Hb 9.6g/dl, WBC 7.3K/UL, albumin 1.5g/dl and cBNP 236 pg/ml. EKG showed sinus rhythm without ischemic changes. Chest X-ray revealed moderate bilateral pleural effusions. Of note, her echocardiogram 5 months ago showed normal LVEF of 60-65%, pseudonormalization and a 4.3x2.3 cm left atrial mass for which she opted against surgical excision.

Her initial clinical picture was concerning for acute decompensated heart failure versus sepsis. She was given fluids in 500cc boluses without any improvement. Antibiotics and norepinephrine were started for possible sepsis. Given the history of prior LA myxoma, an emergent echocardiogram was done which showed an increase in the size of the LA myxoma (4.6x3.7cm) which was prolapsing into the LV during diastole, obstructing the LV inflow and manifesting as cardiogenic shock. In the presence of normal LVEF her clinical picture was likely explained by the severe pseudo-mitral stenosis. Though she was a poor surgical candidate, the family decided to pursue excision of the mass. Pre-op angiography showed normal coronaries. Intraoperatively, she had severe hemodynamic collapse, acidosis, hypoxia and post-surgery was found brain dead. She was palliatively extubated and passed away.

Conclusion :

LA myxoma is usually a benign tumor but should never be ignored. Periodic follow up of the mass is very important and early surgical resection should be planned given the ability for the mass to cause severe left ventricular outflow tract obstruction and cardiogenic shock.

