

## Asymptomatic Old Female Patient with Left Atrial Myxoma Originating from Pulmonary Vein

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### ABSTRACT

Myxomas are the most common benign tumors of the heart and are often located in the left atrium and interatrial septum. They are rarely seen in the right atrium and ventricles. Myxoma usually has a benign character, but when it reaches large volumes it causes severe mechanical obstructive symptoms in patients. Shortness of breath, dizziness, cough, palpitation may be its symptoms. Also constitutional complaints such as fever, myalgia and weight loss can be seen in patients. This case is about a 82-year-old female patient with large size atrial myxoma that was detected by echocardiography.

**Key words:** asymptomatic–left atrium–myxoma–pulmonary vein

### 1 INTRODUCTION

Cardiac myxoma is a benign cardiac tumor that constitutes approximately 80% of the all cardiac tumors. Cardiac myxomas can develop in any cavities of heart but 90% of them are located in left atrium and they are originated from fossa ovalis [1]. They are generally seen in women aged 50-60 years [2]. It has different clinic presentations according to its placement into heart [3]. While approximately 50% of patients with myxoma have clinical symptoms due to peripheral embolism or intracardiac obstruction, 10% of patients with myxoma have no symptoms [4]. In this case, we planned to present an old female patient with left atrial myxoma that was unusual originated from pulmonary vein

### 2 CASE REPORT

An 82-years old female patient was consulted to cardiology department by the orthopedics before the knee operation. The patient had no cardiac story and medical treatment in her past. She had no diabetes mellitus or hypertension in spite of his advanced age. Her blood pressure was 100/70 mmhg, her heart beat was 106/min. Her blood test was normal. There was sinus tachycardia in her electrocardiogram. She had 1-2/6 systolic murmur in apical region so echocardiography was planned. In echocardiographic 4- chambers

imaging, it was seen a fragmented and hyperechogenic mass (28x55 mm) originating from pulmonary vein. The mass was stretched towards the left atrium base and restricted the internal flow of the ventricle. After transesophageal echocardiography, the mass was evaluated as myxoma and it was observed that it had developed in pulmonary vein. Cardiac angiographic CT and operation were recommended to her but she refused.

### 3 DISCUSSION

Myxoma is a primer benign cardiac tumor that is seen as 0.3% in population [4]. It can cause symptoms due to its location, the degree of obstruction and its interference with valves or circulation. It usually presents with syncope, dyspnea and chest pain in patients [5]. The embolisation of tumor to systemic or pulmonary circulation is seen as 30%-40% in patients [6]. Myxomas can be classified according to their smooth and irregular surface according to microscopic appearances. While solid type can cause vasoforming structures, papillary form is related to embolisms [7].

The cardiac myxoma is identified by echocardiography, cardiac CT or MRI imagings. When it was diagnosed, it should be resected because of embolisation, cardiovascular complications and sudden cardiac death [8]. The outcomes of surgery are good and the mortality rate of patients during operation is under 5% [9]. But the surgery can cause development of arrhythmias and atrioventricular conduction defects in patients after surgery [10]. The recurrence is

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**Figure 1. Image of atrial myxoma in apical 4-space view in echocardiography; fragmented appearance of myxoma**

rarely after surgery exclude family story [9].

In this case, the patient was asymptomatic during long years although she had large sized myxoma. The myxoma was detected incidentally in echocardiogram. We can explain it in two ways. One of them was slow growth of myxoma in years. The second way is that it did not cause mitral valve obstruction. But we thought that the patient had hypotension due to ventricular internal flow restriction although she had no symptoms. Perhaps she addicted her blood pressure levels in long time or the clinical presentation due to myxoma might not come out because of her physical limitation. The point that should not be missed was the possibility of a thrombus in pulmonary vein where myxoma originates.

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#### **Conflicts of interest**

There are no conflicts of interest.

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