Myxoma in the right atrium — case report

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Background: Myxomas are most frequent primary benign heart tumors that consist half of the total number of primary benign tumors. In 75% of cases they are localized in the left atrium, and the rest 25% are in the right atrium, very rarely in chambers. They could be bigger than 10 cm, with gelatinous consistence and covered with thrombocyte mass that makes them source of embolism.

Case report: The case of 59-year old woman who complains of tiredness, suffocation and languor is presented. She has had these sufferings during the last two years, gradually intensifying and got referral to our department.

Clinical diagnosis: BP=140/100 mmHg; EKG: normal sinus rhythm, HR= 85/min. At auscultation systolic murmur above triscupid valve 3/6.

Laboratory: SE 38/, WBC 7.9, RBC 4.82, PLT 195, HB 14.4 g/dl, fasting plasma glucose 6.5 mmol/L, urea 7.8 mmo/L, creatinine 63 mmol/L, total cholesterol 3.6 mmol/L, triglycerides 0.6 mmol/L, AST 30 U/L, AL=19 U/L, bilirubin 15.1 mmol/L.

Echocardiography: Presence of large tumor formation in the right atrium with unhomogeneous structure and dimensions 75x55mm which is mobile and in diastole makes ob-

structuions of tricuspid ostium; mild tricuspid regurgitation is registered; EF 61%, RV 30 mm, RAd 46 mm, LVIDd 42 mm, LVIDs 28 mm, LA 34 mm, Ao 26 mm, IVSd 10 mm. Other valvular apparatus is in good condition. Patient is sent to urgent surgery (with previously performed heart catetherisation) and six days after operation is discharged in good health condition.

Conclusion: Myxomas surgery treatment should be performed immediately in order to prevent embolic cases. Long-time prognosis after surgery treatment is excellent, only if the diagnose is made in time.

KEYWORDS: myxoma, echocardiography, embolism.

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