

Akutni inferiorni infarkt miokarda kao prva manifestacija miksoma lijevog atrija

Acute inferior myocardial infarction as a first manifestation of left atrial myxoma

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Uvod: Primarni tumori srca su rijetki, a među njima najčešći su miksomi najčešći. Najčešće se prezentiraju simptomima kongestivnog srčanog zatajavanja, a iznimno rijetko embolizacijom koronarne arterije.¹

Prikaz slučaja: Šezdesetpetogodišnji muškarac, s od ranije poznatom arterijskom hipertenzijom, dislipidemijom i kroničnom opstruktivnom plućnom bolesti (KOPB) primljen je zbog subakutnog infarkta miokarda s elevacijom ST segmenta u inferiornim odvodima trajanja oko 24 sata. Hitna ehokardiografija pokazala je tvorbu lijeve pretkljetke veličine 5,4 x 4,0 cm, ehogenosti miokarda koja se peteljkom drži za interatrijski septum i vrhom flotira kroz mitralnu valvulu te hipokineziju inferiorne stijenke lijeve kljetke. Bolesnik je bio visokofebrilan, ali sterilnih hemokultura te je isključen endokarditis mitralne valvule, a febrilitet objašnjen infektivnom egzacerbacijom KOPB. Provedena je antimikrobna, bronhodilatacijska, diuretska i ostala suportivna terapije i tek nakon potpune kliničke stabilizacije učinjena je koronarografija. Nađena je okluzija distalnog segmenta cirkumfleksne arterije, bez drugih značajnih stenoza. Postavljena je dijagnoza miksoma lijevog atrija s embolizacijom u cirkumfleksnu koronarnu arteriju te je premješten na Kardijalnu kirurgiju KB Dubrava u Zagrebu gdje učinjena uspješna ekscizija. Bolesnik je nakon oporavka otpušten kući u dobrom stanju.

Zaključak: Ovaj klinički slučaj pokazuje nužnost i vrijednost rane ehokardiografije uz krevet bolesnika s kliničkom slikom akutnog te pogotovo subakutnog infarkta miokarda uvijek kada je to moguće.

Introduction: Primary heart tumors are rare, and among them myxoma is the most common. Symptoms of congestive heart failure are the most common manifestation, and embolization of the coronary artery is an extremely rare manifestation.¹

Case report: 65-year-old male, with already known arterial hypertension, dyslipidemia, and chronic obstructive pulmonary disease (COPD) was admitted due to the subacute myocardial infarction with an elevation of the ST segment in inferior leads that lasted for approximately 24 hours. Emergency echocardiography showed a mass sized 5.4 x 4.0 cm in the left atrium, with myocardial echogenicity, attached to the interatrial septum with a stalk that floated with its edge through the mitral valve. It also showed a hypokinesis of the inferior left ventricle wall. The patient was highly febrile, but with sterile blood cultures. The possibility of the endocarditis of the mitral valve was excluded, and the febricity explained by an infective exacerbation of COPD. Antimicrobial, bronchodilator, diuretic and other supportive therapies were implemented, and only after a complete clinic stabilization coronary angiography was executed. An occlusion of the distal segment in the circumflex artery was found, without other significant stenosis. The diagnosis of left atrium myxoma with the embolization into the circumflex coronary artery was made, and the patient was moved into the Department of Cardiac Surgery in the Clinical Hospital Dubrava in Zagreb, where a successful excision was executed. The patient was discharged after a successful recovery.

Conclusion: This clinical case shows the necessity and value of an early bedside echocardiography with a clinical picture of acute and especially subacute myocardial infarction whenever possible.

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LITERATURE

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