Angiographic Demonstration of Left Atrial Tumor: A Case Report

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Received Date: December 11, 2018, Accepted Date: January 18, 2019, Published Date: January 28, 2019.

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Abstract
Primary Cardiac tumors are relatively rare and myxoma, the most common type found predominantly in the left atrium. Myxomas are the mainly a common cardiac neoplasm accounting for 50% of all tumors. They are easily diagnosed, non-invasively by echocardiogram and surgical resection provides definitive treatment with excellent long-term results. We describe a 40-year-old male with a large left atrial tumor, which was confirmed by 2D echocardiography and coronary angiography, and the patient underwent successful resection of the tumor.

Keywords: Angiography; Myxoma; 2-D Echo Cardiography

Introduction
Myxoma is the most common non-malignant primary cardiac tumor with an estimated incidence of 0.5 per million per year [1]. Primary Cardiac tumors are relatively rare and myxoma the most common variety is found predominantly in the left atrium. These tumors easily diagnosed, non-invasively by 2D echocardiogram and surgical resection provides definitive treatment with excellent long-term results. The first cardiac myxoma was diagnosed by angiography in 1951 and the first surgical tumor removal was performed in 1954 [2]. With the development of thoracic computed tomography in the early 1980s and Magnetic Resonance Imaging of cardiac structure in the late 1980s, these techniques have been applied to the detection of cardiac tumors, although 2D echocardiography has remained the primary method of diagnosis of cardiac myxoma [3].

Case Profile
We report a case of a 40-year-old male patient, presented with palpitation since one year and exertion angina for six months, no constitutional disturbances such as fever, weight loss, skin rash, myalgia or arthralgia. Blood investigations were normal. Cardiovascular system examination was normal with no clinically detectable murmurs. ECG showed sinus rhythm, Chest X-Ray revealed normal. 2D Echocardiography showed elliptical mobile sessile hyperchoic mass measuring 4.1 × 6.1 cm with smooth surface prolapsed through the mitral orifice during diastole, obstructing diastolic filling of the left ventricle (Figure 1). The patient underwent cardiac catheterization revealed normal coronary arteries. After injection of contrast medium into the main pulmonary artery, a large sessile mass in the left atrium could be noted (Figure 2).

Discussion
Primary Cardiac tumors are relatively rare and myxoma the most common variety is found predominantly in the left atrium. Myxoma often becomes symptomatic with increasing size of the tumor. They are easily diagnosed non-invasively by 2D echocardiogram. Before the introduction of the invasive angiographic examination of the heart, cardiac myxomas were generally diagnosed at autopsy [4].

Magnetic resonance imaging and computed tomography scans provide additional important information about the tumor-like tissue characteristics and precise location of the tumor. Myxoma recurrence may be secondary to incomplete resection of the tumor, implantation from the original tumor, unrecognized multicentric origin, or the new growth of pretumor or reserve cells [5]. Recurrence of cardiac myxoma has been observed in about 3% of patients in sporadic cases, and 20% in Carney complex [6]. Surgical...
resection provides definitive treatment with excellent long-term results. We report a 40-year-old male underwent surgical resection.

**Conclusion**

Myxomas are the most common cardiac tumors usually solitary and located in the left atrium. The clinical manifestations of cardiac myxomas are well known, the diagnosis has remained difficult to make on the clinical ground alone. 2D echocardiogram has become the most important non-invasive diagnostic tool. Cardiac catheterization studies demonstrated the presence of a large solitary mass in the left atrium. On surgery, a tumor with macroscopic appearance typical of a myxoma was observed this finding was confirmed by histopathologic examination.

**Ethical Committee**

Institutional ethical committee was approved the work.

**Conflict of Interest**

None.

**References**