

**PP088 A DEADLY CASE OF
ATRIAL MYXOMA**

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INTRODUCTION

Cardiac myxoma is the commonest benign tumour of the heart and most cases arise from the left atrium (LA). Diagnosis can be challenging as it may mimic other cardiovascular or systemic diseases.

CASE REPORT

A 24-year-old lady presented to a district hospital with an epigastric pain and bloating sensation. She was treated with an intramuscular injection of non-steroidal anti-inflammatory drugs (NSAIDs). Following this, she developed a hypotensive episode and was treated as having an anaphylactic shock. She was transferred to a tertiary centre for further management. Further history revealed that she has been having failure symptoms including orthopnoea, reduced effort tolerance, palpitation and worsening bilateral leg swelling for two months. On examination there were bilateral basal crepitations of the lungs, a diastolic heart murmur, hepatomegaly and bilateral gross pedal oedema up to mid-shin. Echocardiography (ECHO) showed a huge intracardiac mass measuring 4.0 x 3.3 cm protruding through the mitral valve opening during diastole. Her left ventricular systolic function was impaired, LA mildly dilated and she had an ejection fraction of 25-30%. There was no vegetation or thrombus seen. The patient was intubated for respiratory distress and transferred to the cardiothoracic unit.

She underwent an LA mass excision and repair of patent foramen ovale (PFO). Intra-operative findings revealed a dumb-bell shaped LA myxoma with its pedicle attached to the atrial septum located 1.0 cm below a large PFO. Unfortunately, the patient succumbed from heart failure complications.

DISCUSSION AND CONCLUSION

LA myxoma commonly presents with obstructive cardiac signs with or without systemic manifestations. ECHO is a key tool to a quick and accurate diagnosis of atrial myxoma which unfortunately is not widely available in certain remote clinical settings, limiting the prompt diagnosis and management of atrial myxoma.