


Left atrial myxoma causing transient ischemic attack – a case presentation

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Introduction: Accounting for 50% of all primary cardiac tumors, myxomas are the most common; some 75% are located in the left atrium, the rest occur in other heart chambers, encroaching occasionally even the valves. Three quarters are pedunculated, mostly originating from the atrial septum. These tumors are often gelatinous and friable, increasing the risk of embolism. Their diameter varies from a few millimeters to several centimeters.¹ The aim of this case presentation is to underscore the role of echocardiography in prompt detection and early surgical treatment of such tumors, particularly among young patients.

Case report: In November 2019 a 60-year-old cashier suddenly experienced at her counter “discomfort all over her body” followed by right hand drop. After some 5-10 minutes of “massage” she felt much better and the hand recuperated its strength so that she continues to serve the customers. Only a week later she consulted her physician: the physical examination was within normal limits, her blood pressure was 140/80 mmHg, and ECG disclosed sinus rhythm, 76 bpm/min. However, echocardiography unveiled an oval, 20x20 mm, pedunculated, mobile mass stemming from the atrial septum, presumably myxoma. The patient was immediately referred to and hospitalized where the clinical suspicion was confirmed. Except for an elevated CRP (72.6 mg/l) the rest of her data were within normal limits, including coronarography. She was operated on the fifth day after the initial visit and 12 days after the initial symptoms. Histological examination of the excised tumor confirmed the clinical impression of gelatinous myxoma. The patient was observed for a couple of days because of the nodal rhythm and discharged with no symptoms. Up to this moment she is free of any symptoms or signs.

Conclusion: Since left atrial myxomas may cause stroke and other embolic events, echocardiographic examination in case of TIA is warmly advised because of its wide availability, noninvasiveness and high sensitivity. As this case illustrates, it offers fast diagnostic detection and prompt surgical cure of atrial myxoma, preventing future embolism and eliminating anticoagulant therapy.

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LITERATURE

1. Rakić D, Rumboldt Z, Polić S, Bagatin J. Dijagnostičke osobitosti miksomata lijevog atrija [Diagnostic characteristics of myxoma of the left atrium]. *Lijec Vjesn.* 1990 Sep-Oct;112(9-10):314-8. Croatian. **PubMed:** <https://pubmed.ncbi.nlm.nih.gov/2093789/>