Silent right atrial myxoma identified in routine screening; a case report

Ivana Peršić[1]*, Matea Mamić[1], Fabio Kadum[2], Ana Petretić [1,2], Salem Osman[1,2], Teodora Zaninović Jurjević[2]

[1]University of Rijeka, Faculty of Medicine, Rijeka, Croatia
[2]University Hospital Centre Rijeka, Rijeka, Croatia

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***ADDRESS FOR CORRESPONDENCE**: Ivana Peršić, Medicinski fakultet, Braće Branchetta 20, HR-51000 Rijeka, Croatia. / Phone: +385-91-9159-259 / E-mail: ipersic@student.uniri.hr

ORCID: Ivana Peršić, https://orcid.org/0009-0001-0236-0128 • Matea Mamić, https://orcid.org/0009-0001-7204-4630
Fabio Kadum, https://orcid.org/0009-0007-4525-9103 • Ana Petretić, https://orcid.org/0000-0002-5767-1206
Salem Osman, https://orcid.org/0009-0002-3473-6502 • Teodora Zaninović Jurjević, https://orcid.org/0000-0001-8359-3910

Introduction: Cardiac myxomas are rare benign neoplasms of the heart, typically arising in the left atrium, especially on the septum. Although they can be incidentally discovered through imaging, about 70% of patients present with symptoms, often involving a triad of intracardiac obstruction, embolic events, and constitutional symptoms. The prevalence of cardiac myxomas is approximately 0.03% in the general population[1].

Case report: We present the case of a 56-year-old male with an incidental finding of a right atrial mass during a routine check-up. He was initially referred to a cardiologist because of a previous medical history of arterial hypertension. He was asymptomatic, with a normal 12-lead electrocardiogram. Transthoracic echocardiography revealed an enlarged left atrium, mild mitral and tricuspid regurgitation, and normal overall cardiac function. However, a large intracardiac mass in the right atrium was also discovered (**Figure 1**). This was further confirmed by transesophageal echocardiography (**Figure 2**). Cardiac magnetic resonance imaging was contraindicated due to the presence of metal shrapnel in the patient's body. He was referred for further preoperative examination and was scheduled for cardiac surgery. Coronary angiography was performed and was without pathological findings. Cardiac surgery was performed via a median sternotomy incision. Total cardiopulmonary bypass was used and cardioplegic medications were administered. A tumor mass approximately 5x5 cm in size was found in the right atrium attached by a narrow base to the interatrial septum. Atriotomy of the right atrium and a complete tumor excision were done (**Figure 3**). The specimen was sent for histopathological examination which confirmed a diagnosis of a cardiac myxoma.

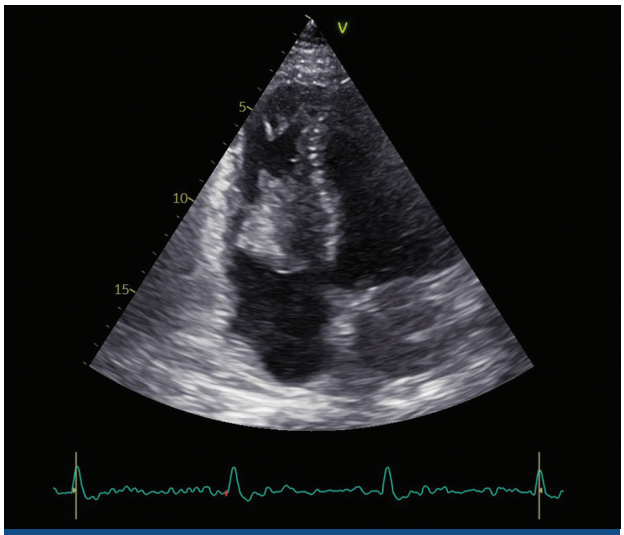

FIGURE 1. Intracardiac mass in the right atrium (transthoracic echocardiographic examination).

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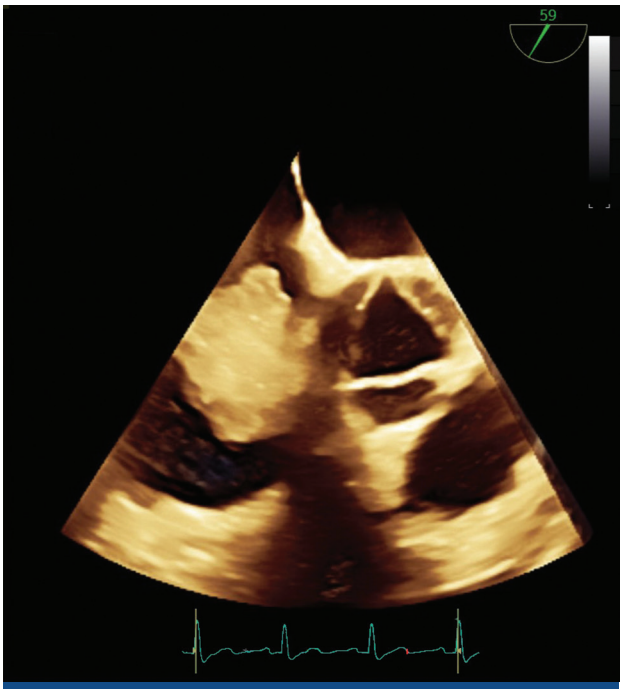

FIGURE 2. Intracardiac mass in the right atrium (transesophageal echocardiographic examination).

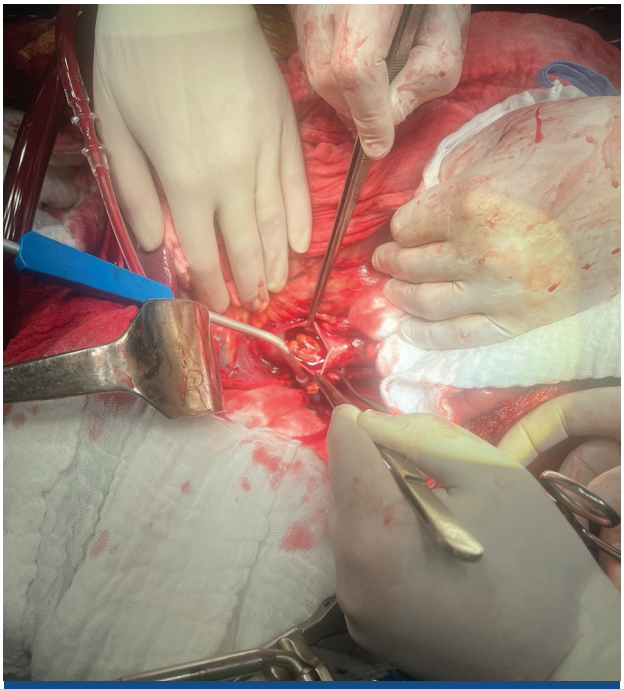

FIGURE 3. Intraoperative finding.

Conclusion: Right atrial myxomas are rare, occurring in only 20% of cases. If untreated, they may lead to serious complications such as systemic embolization or intracardiac obstruction. Surgical excision is the only effective treatment and is crucial for recovery and preventing further complications. This case is notable because of the atypical location and the silent presentation of the cardiac myxoma[2].

LITERATURE

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