# Cardiac myxoma

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Heart tumors are not a common pathology. However, due to their occurrence in a vital organ, they have important clinical significance. They can develop from the endocardium, myocardium, or pericardial tissue of the heart. According to biological behavior, they are divided into two groups, primary (benign and malignant) and secondary (metastatic). The most common form of primary heart tumors are cardiac myxomas (50 - 85%).[1] Cardiac myxomas are benign and slow-proliferating tumors. They occur sporadically or as part of the syndrome between 30 and 60 years of age and are more common in women. They can develop in any ventricle of the heart, but approximately 60-80% of myxomas are diagnosed in the left atrium. Symptoms of cardiac myxoma depend on the localization, size, histological structure and mobility of the tumor. About 20% of patients with cardiac myxoma are asymptomatic and are often detected through routine examinations. The diagnosis of myxoma is made through non-invasive diagnostic methods, where echocardiography is the gold standard. Magnetic resonance imaging and computed tomography are used as additional methods for detailed assessment of tumor size and localization. Treatment of cardiac myxoma is exclusively surgical and includes complete resection of the tumor.[2] Surgery should be performed as soon as possible after diagnosis due to the risk of embolization, valvular insufficiency and sudden death of the patient. Surgical treatment shows good results, and recurrences are rare, especially if the tumor has been completely removed. Cardiac myxoma, although a rare and most often benign tumor, is a serious medical condition. Early diagnosis, surgical treatment and postoperative care are important to reduce the risk of complications and ensure a good prognosis of the patient in the long term. Long-term monitoring is necessary in patients with hereditary forms of the disease due to an increased risk of recurrence.

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## LITERATURE

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