




A patient with right atrial myxoma: a case report

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KEYWORDS: myxoma, right atrium, atrial undulation, echocardiography.

CITATION: *Cardiol Croat.* 2024;19(11-12):645. | <https://doi.org/10.15836/ccar2024.645>

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Introduction: Despite the progress of echocardiography (ultrasound diagnostics), myxoma was discovered accidentally in a patient due to asymptomatic reasons.¹

Case report: We present the case of a 60-year-old man in whom orthopedic surgery for hallux rigidus on the left foot was indicated. As part of the preoperative work-up, atrial undulation was determined, and a TEE with the question of a thrombus in the auricle and electrocardioversion was referred. The finding of a tumor, a mass of 10.3x4.9 cm, located by the stalk against the lateral wall of the right atrium (RA), which during diastole is completely pressed through the tricuspid annulus, and in systole prolapses towards the superior vena cava. It is diagnosed as right atrial myxoma and urgent cardiac surgery is indicated. The patient underwent extirpation of the right atrial myxoma and reparation of the tricuspid valve with the implantation of a tricuspid ring with the support of a machine for extracorporeal blood flow. After the operation, the patient made a complete clinical recovery and was discharged. Currently, he is in a good clinical condition, tolerates effort properly (control ergometry), in sinus rhythm. Correction of the bunion of the left foot has been made, and he regularly goes to the cardiologist for follow-up examinations.

Conclusion: Echocardiography as a standard method of cardiology treatment of patients with atrial fibrillation and undulation should be transesophageal, regardless of whether the patient is on anticoagulant therapy. Surgical extirpation of myxoma is a method of treating myxoma, and the prognosis is positive.

RECEIVED:
October 13, 2024

ACCEPTED:
October 31, 2024



LITERATURE

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