

## Giant left atrial myxoma resembling mitral valve stenosis

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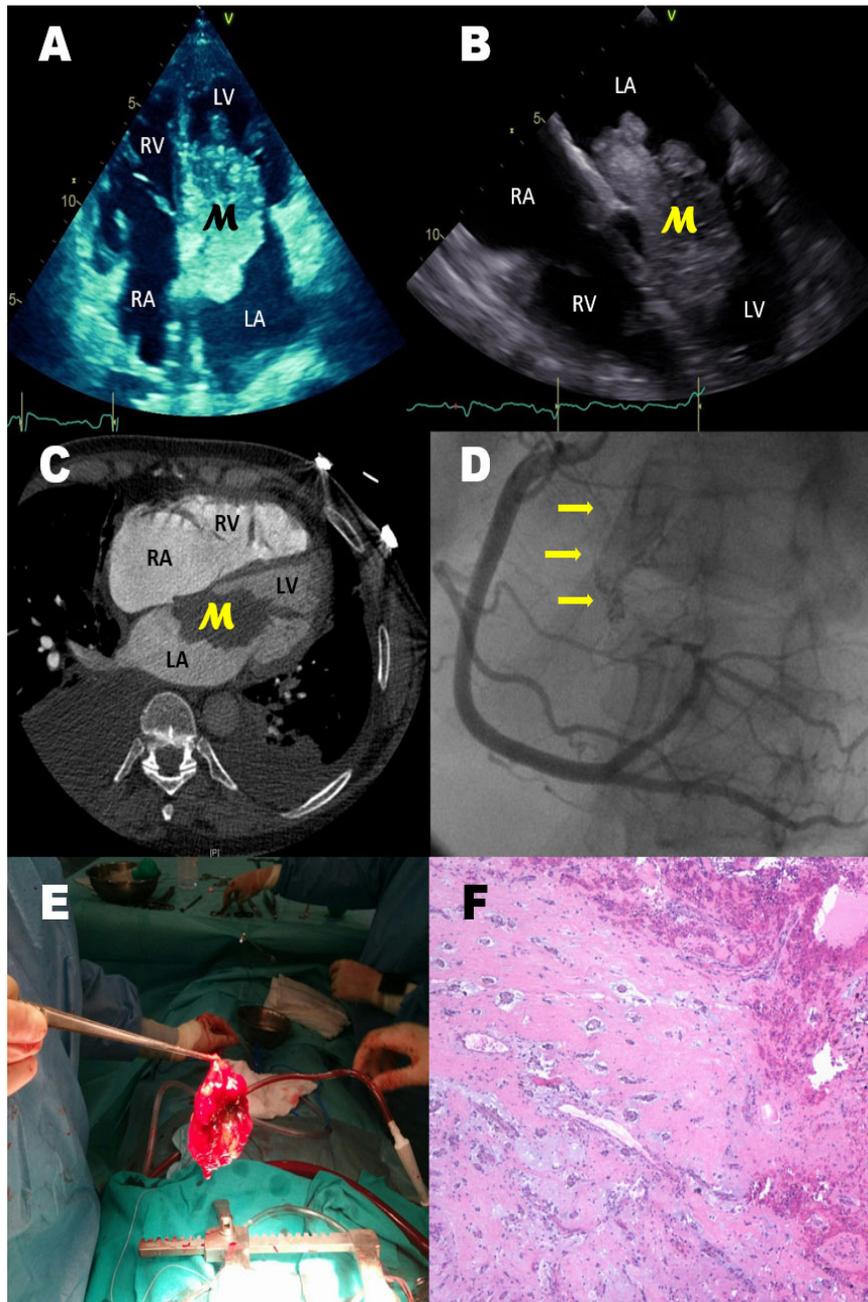
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### Description

A 57-year-old woman was admitted with a 2-months history of progressive dyspnea, that had markedly worsened over the last 10 days. Her medical history was relevant only for hypertension. On arrival, blood pressure was 110/70 mmHg, heart rate was 120 bpm, and oxygen saturation was 94% on room air. Physical examination showed coarse bilateral rales, jugular venous distension, hepatojugular reflux, congestive hepatomegaly, and mild ankle edema. Transthoracic echocardiography (Fig. 1A) and transesophageal echocardiography (Fig. 1B) revealed a 6-cm large left atrial tumor suggestive of myxoma, which was anchored to the interatrial septum and protruded through the mitral annulus, resulting in severe mitral stenosis (mean gradient assessed by doppler was 15 mmHg), and an estimated peak systolic pulmonary arterial pressure of 81 mmHg. Contrast-enhanced chest CT scan (Fig. 1C) confirmed the presence and dynamic behaviour of the mass. A preoperative coronary angiography showed normal coronary vessels, and the neovascularization of the mass from the conus branch of the right coronary artery (Fig. 1D). Surgery was performed successfully (Fig. 1E), and histopathologic examination of the mass was compatible with myxoma (Fig. 1F).

## Clinical Image



**Figure 1:** A: Transthoracic apical 4-chamber view showing left atrial myxoma (M) anchored to the interatrial septum protruding into the left ventricle; B: Mid-esophageal 4-chamber view showing left atrial myxoma (M) prolapsing into the left ventricle; C: Contrast-enhanced CT scan showing diastolic excursion of the left atrial myxoma (M) into the left ventricle; D: Left anterior oblique view showing vascularization of the left atrial myxoma originating from the right coronary artery (Arrows); E: Surgical removal of the mass; F: Histological confirmation of myxoma.

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