Giant myxoma in a 78-year-old woman, causing recurrent episodes of syncope

Myxome géant chez une femme de 78 ans à l’origine de syncopes itératives

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Myxomas are the most common primary cardiac tumours and often become symptomatic depending on their size and location in the heart. We report a 78-year-old woman with a giant myxoma filling almost the entire left heart chambers associated with recurrent episodes of syncope due to limitation of left ventricular diastolic blood flow.

The patient was admitted to our emergency department with sudden loss of consciousness. She had experienced recurrent episodes of syncope for the past 6 months. Her vital signs were within normal limits and an apical diastolic murmur was heard at the apex on cardiac auscultation. An electrocardiogram showed atrial fibrillation without ischaemic changes. Her laboratory findings were unremarkable and could not explain syncope.

Transthoracic echocardiography revealed a multilobulated giant mass (10.5 × 4.5 cm) originating from the left atrial side of the interatrial septum. The mass appeared to intermittently restrict left ventricular diastolic blood flow by penetrating the mitral orifice and extending through the left ventricle (Fig. 1A and B). Colour doppler analysis showed diastolic flow turbulence and continuous wave doppler analysis was associated with a mean diastolic pressure gradient of 12 mmHg across the mitral valve. There was moderate degree tricuspid regurgitation and the estimated pulmonary artery pressure was 60 mmHg.
The patient was referred for surgery based on the echocardiographic findings. A multilobulated mass (11 × 6 cm) was removed successfully (Fig. 1C). The diagnosis of myxoma was established by histopathological analysis of the specimen and the patient had an uneventful recovery after surgery. This report emphasizes that myxoma symptomatology is not always compatible with size. Also, myxomas should be kept in mind in the case of an elderly patient presenting with syncope.

Appendix A. Supplementary data


Figure 1. A. In the parasternal long-axis view, a giant lobulated mass (10.5 × 4.5 cm) was seen to originate from the interatrial septum, fill the entire left atrium, obstruct the mitral orifice and extend through the left ventricle. B. Apical four-chamber view demonstrated the extreme extension of the intracardiac mass into almost the entire left heart. C. A multilobulated giant myxoma (11 × 6 cm) was observed after surgical removal.