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## IMAGE

## A biatrial myxoma revealed by pulmonary embolism

Myxome biatrial révélé par une embolie pulmonaire

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### KEYWORDS

Myxoma;  
 Cardiac tumor;  
 Atrium

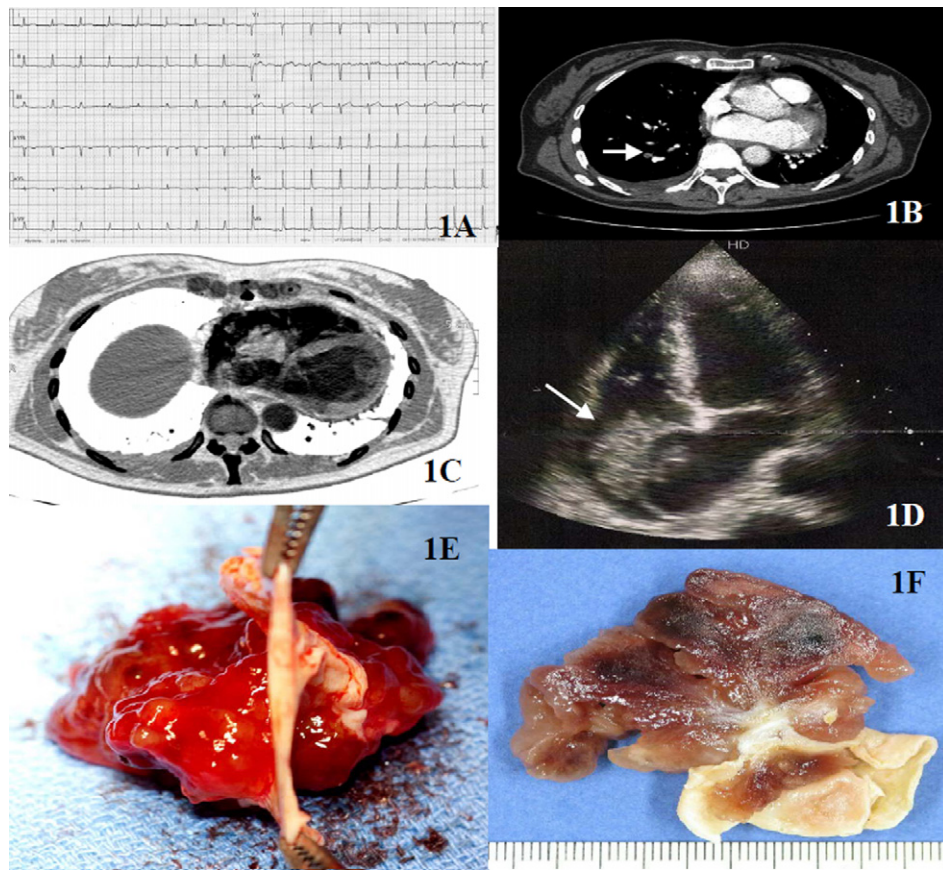
### MOTS CLÉS

Myxome ;  
 Tumeurs cardiaques ;  
 Oreillette

A 59-year-old woman with a history of hypertension was hospitalized for increasing dyspnoea for 3 days, basithoracic pain and one episode of lipothymia. Clinical examination showed no sign of shock, normal heart and breath sounds, and no signs of thrombophlebitis. There was no cardiac failure. Her electrocardiogram showed sinus rhythm (Fig. 1A). Blood arterial gases were as follows: PO<sub>2</sub> 92.25 mmHg; PCO<sub>2</sub> 29.25 mmHg; pH 7.52. Chest computed tomography revealed a bilateral, distal, pulmonary embolism (Fig. 1B, arrow) and a right atrial mass (Fig. 1C). There was no deep-vein thrombosis at the venous duplex on ultrasound imaging. Transthoracic echocardiography revealed a voluminous cardiac tumour in the right atrium located on the atrial septum (43 × 22 mm) (Fig. 1D, arrow). A second tumour was observed in the left atrium (> 20 mm) associated with an atrioseptal aneurysm. The tumours did not prolapse into the mitral or tricuspid valves. Left ventricular function was normal and there was no right cavity dilation. The patient was transferred to the Department of Cardiothoracic Surgery. Emergency surgery revealed a voluminous biatrial tumour that had developed through a patent foramen ovale. The tumour was excised and the atrioseptal aneurysm was resected (Fig. 1E) and closed with an autologous pericardial patch. Histological examination revealed a biatrial myxoma with necrotic and haemorrhagic signs (Fig. 1F). The patient was discharged at 1 week, with no complications reported during follow-up.

Biatrial myxomas represent 2.5% of myxomas. Only a few cases of myxomas associated with pulmonary embolism have been described. The association of pulmonary embolism with biatrial myxoma is rare.

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**Figure 1.** A. Electrocardiogram showing sinus rhythm. B. Chest CT scan: bilateral and distal pulmonary embolism (arrow). C. Chest CT scan: right atrial mass. D. Transthoracic echocardiography: right and left atrial mass (arrow). E. Operative view of the tumour after complete resection. F. Macroscopic view of the tumour after histological inclusion.

### Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

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