The Heart Murmur Which Saved the Life: Giant Left Atrium Myxoma

Background:
We present a case of a 45 year old female who was scheduled for a medical examination because of breathlessness and rapid fatigue. Further investigation discovered that the patient had a weight loss of 10 kg within the last 6 months, she often felt palpitations and bloating in the stomach. The symptoms were present for six months during which the patient went to several medical examinations in different institutions of health and was diagnosed with COPD - a (chronic obstructive pulmonary disease) and anemia. After taking bronchodilators and iron supplements, which were prescribed from different doctors, she didn’t feel any better and was afterwards diagnosed with anxiety - depressive syndrome.

Methodology:
During the physical examination in our clinic systolic murmur was found with the point of maximal intensity over the apex of the heart. This heart murmur was not found until then and it was a indication for us to do a transthoracic echocardiography (TTE). Blood pressure (120/80 mmHg), heart rate (62/min) and ECG of the patient were normal.

Echocardiography revealed a gigantic tumor, with dimensions of 67 x 53 mm, that took up almost the entirely left atrium and partly protruded into the left ventricle. Tumor mass followed the kinetics of the left ventricle and gave the impression that it was connected with a thin stem to the interatrial septum. Dimensions of the left atrium were slightly increased (LAD 4.8 cm) with the presence of severe mitral regurgitation, moderate tricuspid insufficiency, pulmonary hypertension and a small pericardial effusion.

Results: An emergency surgery was performed. The tumor was removed entirely, with dimensions of 7.0 x 5.5 x 4.0 cm, connected with a thin stem to the interatrial septum. Histopathologic analysis confirmed a myxoma. Postoperative the patient had episodes of atrial fribillation that were successfully treated with cardioversion after which the patient was in a permanent sinus rhythm without need for a pace maker and without any symptoms.

Conclusion: This case shows a patient who was misdiagnosed only due lack of basic methods of physical examination, in this case, auscultation of the heart.
Auscultation of the heart is a very important part of the physical examination that can not be left out. Each newly discovered heart murmur should undergo a ultrasound of the heart in order to timely detect difficult diagnosis. In this case we want to emphasize the importance of basic physical examination and ultrasound of the heart as a primary method of testing the origin of any heart murmur. The importance of this case lies in the fact that a myxoma tends to embolic incidents and sudden cardiac death and as such should be promptly detected and removed. This case is also significant because the gigant tumor mass did not make any embolic process or lead to sudden cardiac death, which is very rare for a myxoma with such large dimensions.

Country/Organization invited to participate
Bosnia and Herzegovina

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