Living without left atrium

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DESCRIPTION

A 51-year-old female patient presented to the emergency room with a 3-month history of increasing dyspnoea, and 5 kg weight loss. Her medical history was not relevant. Physical examination revealed 100/90 mm Hg blood pressure, 98 bpm, orthostatic hypotension, a soft grade 2/6 systolic murmur at the left sternal border and bilaterally pulmonary rates. ECG showed normal sinus rhythm with left atrial enlargement. A trans-thoracic echocardiogram (figure 1A,C,D) revealed

a large atrial myxoma¹ occupying the majority of the left atrium, which prolapsed through the mitral valve during the entire cardiac cycle (videos 1, 3, 4 and 6). Grade II mitral regurgitation, severe mitral stenosis gradient and severe pulmonary hypertension were noted (videos 2 and 5). Left atrial myxoma excision² (figure 1B) and pericardial patch implantation was performed with good recovery and no signs of heart failure to date.

Figure 1 (A) Long axis view. (B) Mixoma with atrial tissue. (C) M-Mode. (D) Transtricuspid gradient.

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Video 1 Apical 4 chamber View.

Video 4 Short Axis View Attachment.

Video 2 Apical Color-Doppler View.

Video 5 Long Axis Color Doppler.

Video 3 Prolapse Through Mitral Valve.

Video 6 Long Axis Movie.

Learning points

- ▶ Slow growing mixomas may take several years to be diagnosed.
- ▶ Clinical presentation is normally heart failure, sometimes mimicking mitral stenosis.

Contributors LA-A constructed the hypothesis and contributed to data collection, interpretation, the literature review and the drafting of the manuscript. AS-Q gave expert

opinion and prepared the images. MF-V helped with the hypothesis and contributed to data collection, interpretation and the literature review. MF-L reviewed the data interpretation, gave expert opinion and reviewed the manuscript.

Competing interests None.

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