Acute myocardial infarction as a first presentation of left atrial myxoma in a young patient

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A 38-year-old young male with no known cardiovascular risk factors presented with severe chest pain while working in the farm. The pain radiated to both arms and associated with nausea and sweating. He had no significant past medical history. He denied use of illicit substances, drugs, smoking and alcohol. He has no family history of coronary artery disease. On admission, he was in severe pain with blood pressure of 130/80 mmHg, heart rate of 106 beat/min, respiratory rate of 18 breath/min and temperature of 98 Fahrenheit. JVP was not raised. Chest was clear on auscultation. Cardiac examination revealed normal heart sounds with no clicks, gallop or murmurs. Rest of physical examination was normal. Initial 12 lead ECG showed ST segment elevation in inferior leads with reciprocal changes in leads I and aVL. Chest x-ray was normal. The patient received IV thrombolytic therapy (IV streptokinase) and 12 lead ECG after receiving thrombolytic therapy showed resolution of ST segment suggesting successful reperfusion of obstructed coronary artery. Troponins came out to be markedly raised. Transthoracic echocardiography done after 8 hours of presentation showed an irregular mobile mass in the left atrium attached to interatrial septum highly suggestive of myxoma not obstructing the mitral valve opening with EF of 55% with no segmental wall motion abnormalities. Invasive Coronary angiography done next day showed normal angiogram. At that time the source of embolism is considered the myxoma. After surgical consultation; surgical removal of atrial myxoma was done. Patient was asymptomatic at discharge and on follow up and back to his usual daily life.
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