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Mitral stenosis due to a Left atrial myxoma

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Myxomas are rare in the general population but are the most frequent primary cardiac tumor. Symptoms can occur in half of patients including central or peripheral embolism, intra-cardiac obstruction of the left ventricle outflow tract or the mitral valve. Generally, the localization is in the left atrium.

Clinical case:
We report the case of a patient of 51 years old woman without notable history came to the Emergency Room for increasing dyspnea, chest pain, fatigue, and palpitations for one month. Her cardiovascular risk factor is hypertension for which she is taking atenolol 50 mg once a day. She is also taking sertraline 50 mg. At the admission, the patient was stable hemodynamically with a BP of 115/55 mmHg. She presented initially a tachycardia with a HR of 89/min. The biology performed shows a discrete elevation of the troponine (41 ng/L) and a disruption of hepatic enzymology. On the electrocardiogram, it was observed a normal sinus rhythm with diffuse negative T-waves.

She was referred to realize an echocardiography that showed a concentric cardiac hypertrophy with preserved ejection fraction. Then, we observed a huge moving mass in the left atrium getting through the mitral valve at each diastole. The diameter of this mass was 61 mm on 26 mm and the root attached to the interatrial septum. The color-doppler showed an acceleration of the flow at the level of the mitral valve. The continuous Doppler measured a mean gradient of 8 mmHg indicating a moderate mitral stenosis. A pulmonary hypertension was objectivated with a gradient between the right ventricle and the right atrium of 75 mmHg.

After the heart-team discussion, a surgery was planned with the necessity of a sternotomy. The myxoma was friable and easily extractable. The post-operative follow-up was unremarkable. The patient was discharge from the hospital on the eighth day.

At one month, the echocardiography showed yet a cardiac hypertrophy but a normalization of the lung pressure without any damage of the mitral valve.

Conclusion:
We presented the case of a patient admitted to the emergency room for an atypical cause of dyspnea, due to a mitral stenosis induced by the obstruction of the mitral valve with the myxoma and a pulmonary hypertension. The case illustrated the importance to question the patient and to be systematic in the clinical exam. The treatment is surgical and consist in an exerese of the myxoma by being careful to extract the root of this one.