Poster

Heart Failure as the Initial Presentation of a Giant Left Atrial Myxoma: Case Report

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Atrial myxoma is an extremely rare primary benign cardiac tumor, with autopsy incidence ranging from 0.02% to 0.1%. Its reported prevalence is approximately 0.03% in the general population, most commonly originating in the left atrium and predominantly affecting women aged 30–60 years. Diagnosis is typically achieved through imaging studies. We report the case of a 57-year-old Black woman with no cardiovascular risk factors, admitted to the emergency department with a six-month history of progressively worsening exertional dyspnea and paroxysmal nocturnal dyspnea, with symptom exacerbation two days prior to hospitalization. Physical examination revealed tachypnea, crackles at the lung bases, a grade III/VI holosystolic murmur at the mitral focus, and symmetrical lower limb edema. Laboratory tests were unremarkable (complete blood count, renal, hepatic, and thyroid function). Chest X-ray was normal. Electrocardiogram showed sinus rhythm with early repolarization pattern. Transthoracic echocardiography revealed a rounded, mobile, pedunculated echogenic mass in the left atrium, measuring 30.7 × 30.4 mm, attached to the anterior leaflet of the mitral valve, prolapsing into the ventricular cavity during diastole, with mild mitral regurgitation and preserved left ventricular ejection fraction (64%). Transesophageal echocardiography further characterized the mass as a pedunculated left atrial myxoma attached to the anterior mitral leaflet. The patient underwent cardiothoracic surgery for complete excision of the myxoma and mitral valve replacement with a biological prosthesis. The tumor occupied nearly the entire left atrium, with a myxomatous appearance and pedicle attached to the anterior mitral leaflet. Histological examination confirmed typical features of myxoma. Postoperative recovery was uneventful. At one-month follow-up, the patient remained asymptomatic with no signs of heart failure. Cardiac myxomas, although rare, can be potentially fatal. Early diagnosis using transthoracic echocardiography is crucial for timely management.

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