A Large Left Atrium Myxoma Presenting as ‘Positional Pre-Syncope’

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Keywords
Myxoma, Tumor plop, Presyncope, Echocardiography

Introduction

A 45-year-old male was referred to the out-patient clinic of Cardiology department with complaints of recurrent lightheadedness and dizziness on standing and changing postures in bed for past 3 months. He was normotensive, and non-diabetic person with no history of chest pain, dyspnea, palpitations, TIA or stroke. His ECG was unremarkable. CVS examination revealed a low pitch, early diastolic sound along with a soft systolic murmur at the apex. 2D-Echocardiographic study revealed a large, pedunculated mass in the left atrium with stalk attached to fossa ovalis region (Figure 1, Fig-

Figure 1: Parasternal long axis view on two-dimensional echocardiography showing large mass inside left atrium.
Figure 2: M-mode echocardiography in parasternal long axis view showing systolic and diastolic echoes produced in left atrium as a result of plopping of tumour across mitral orifice.

Figure 3: Apical 4 chamber view showing large left atrium mass with peduncle attached to fossa ovalis region.

Figure 4: LA myxoma’s gross morphological appearance as the mass is being excised during cardiac surgery.
weight loss, and erythematous rash. Findings on physical examination can reveal a systolic murmur caused by damage to the valve or failure of the leaflets to coapt, or a diastolic murmur due to obstruction of the mitral valve orifice by the myxoma. Detection of “tumor plop” — a low pitched, early diastolic sound heard as the tumor prolapses into the left ventricle, helps to identify such patients and expedites them for urgent or emergent surgery.

Financial Disclosures
None.

Conflict of Interest
None.

Statement of Equal Authors’ Contribution
We, hereby declare that all authors contributed equally to the scientific content, designing and writing of this image article.