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Surgical Treatment of Large Left Atrium Myxoma: A Case Report and Review of the Literature

Galina Bogoslovskaya*

Mankweng Academical Hospital, South Africa.

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ABSTRACT

Cardiac myxomas are rare benign tumors, which estimated to affect nearly 50% of all adult primary cardiac tumors. Approximately 75-80% of myxomas located in LA, 10-20% located in RA, and 5-10% in both atria and either ventricle. Cardiac myxomas typically present during adulthood (within third to sixth decades of life), more commonly in women. Intracardiac myxoma might complicate by arrhythmias, pulmonary edema, peripheral emboli, spread (metastasis) of the tumor, blockage of mitral heart valve, stroke. Patients with cardiac myxomas often present with one or more features of classic triad: intracardiac obstruction (67%), embolic events (29%), constitutional or systemic symptoms (34%) Myxomas originate from endocardium and typically project into cardiac chamber. Left atrium myxomas typically arise from interatrial septa at vicinity of fossa ovalis. These tumors arise from multipotential mesenchymal cells, which can differentiate into endothelial cells, smooth muscle, angioblasts, fibroblasts, cartilage and myoblasts. Approximately 10% of myxomas are calcifying. Cystic regions and hemorrhage may also be seen within cardiac myxomas. Neuroendocrine differentiation may be responsible for non-cardiac related symptoms. Due to risk of sudden death from acute obstruction, embolic complications these tumors should be excised.

We present the case a 45-years- old women with large left atrial myxoma which was successfully resected.

Keywords: Cardiac tumor, Left atrium myxoma, Cardiac myxoma

Corresponding author: Galina Bogoslovskaya, Mankweng Academical Hospital, Limpopo Province, South Africa, E-mail: albogoslovsky@gmail.com

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