
BIATRIAL MYXOMA

This case report documents a relatively rare occurrence of "Biatrial Myxoma". We describe a case of biatrial myxoma originating from the right and left atrial septal portions presenting with acute dyspnea. The tumors were excised through a right atrial approach with removal of a portion of interatrial septum which resulted in resolution of the symptoms.

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Myxomas are the most frequent cardiac tumors. Although they can originate from every chamber of the heart 90 % of the cases arise from the atria. Left to right ratio is 3/1 ¹. These tumors arise from the left side of interatrial septum with a narrow stalk. Biatrial myxoma is a relatively rare occurrence mostly due to incomplete resection and recurrence. Manifestations are due to mechanical obstruction of atrial outlet and rarely embolization of neoplastic cells.

Most cases of biatrial myxomas are recurrences of previously excised tumors ². This report describes the presentation and management of a primary biatrial myxoma producing sudden onset of dyspnea.

CASE

A 6 year old female patient sought medical attention because of sudden onset of dyspnea. On physical examination she was found to be a well developed child. A diastolic murmur was heard in the subxyphoid area. Chest X-ray showed mild cardiomegaly (cardiothoracic ratio ≥ 0.55). Electrocardiography was normal. A two dimensional echocardiography revealed a right atrial mass of 30x30 mm in size with a diastolic movement through the tricuspid valve. The masses were assumed to be myxomas. Serum electrophoresis was normal, and no endocrine abnormality was present. The patient was admitted to the department of cardiovascular surgery for operation. Using routine cardiopulmonary bypass techniques, a right atrial exposure was provided with a standart right atrial incision. A polypoid mass originating from fossa ovalis was found to occupy the whole right atrium. The mass was excised together with a portion of interatrial septum. On inspection there was a tumoral growth on the left side of the interatrial septum. This tumoral mass was also

removed, and the ASD was repaired using a teflon patch (Fig.1) . The masses removed from both atrial septal are shown in (Fig.2). Operation was terminated without any complication. The postoperative course was uneventful, and the patient was discharged on 7th postoperative day. Pathologic examination proved the diagnosis of myxoma (Fig.3).

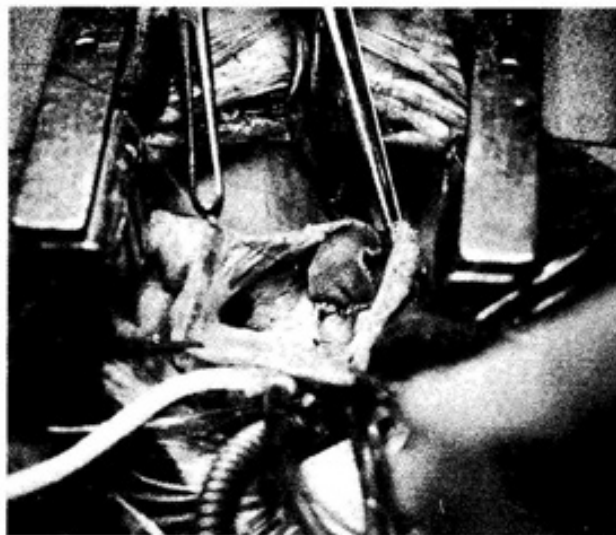


Figure 1: The tumoral masses removed at both sides of the atrial septum and the created ASD is repaired with a synthetic patch.

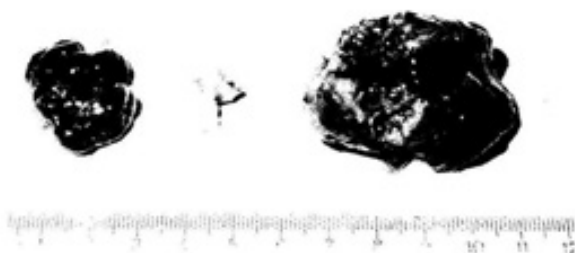


Figure 2: The left and right atrial myxomas are seen.

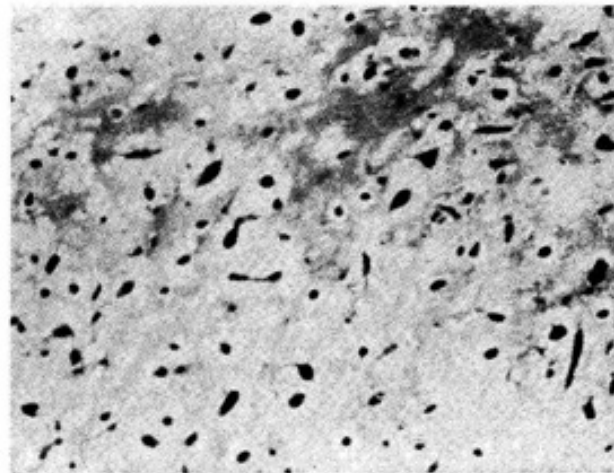


Figure 3: The microscopic specimen confirming the first diagnosis atrial myxoma.

Postoperative echocardiographic controls have shown a normal atrial septum. A long term follow up of 17 months reveals a normal active life of the patient without any complaint.

DISCUSSION

Myxoma is the most frequent cardiac tumor encountered. It comprises about 60% of the primary cardiac tumors. Manifestations are due to either obstruction of the cardiac cavity by the mass, or embolisation of the tumoral cells ³. Biatrial cases are mostly due to recurrence of previously excised monoatrial tumors. In some cases there is evidence of local invasion which suffices considering them borderline tumors. Primary biatrial tumors are much rare. There are several reports of familial occurrence of these biatrial cases ⁴.

Our case is a primary biatrial tumor. There was a huge tumor in the right atrium. We recommend careful inspection of both sides of the interatrial septum in tumors arising from this structure. Careful follow up of the patient with echocardiography can help in early diagnosis of the recurrent cases.

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