

Left Atrial Myxoma and Descending Aortic Dissection in a Patient with Cerebrovascular Accident: an Incidental Coexistent Finding

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Abstract

Cardiac myxomas are benign tumors of the heart with a surgical incidence of about 0.5/million population/year. They usually present during the 4th to 6th decades and are more commonly seen in females. About 75% arise in the left atrium (LA) and most are singly pedunculated, although multiple and villous forms have been described. Echocardiography has greatly facilitated the diagnosis of cardiac tumors. We report a case of left atrial myxoma as a source of emboli and an incidental finding of localized descending aortic dissection subsequent to a remote traumatic deceleration injury of the thoracic aorta. This is the first case of coexistence of LA myxoma and aortic dissection (*Iranian Heart Journal 2007; 8 (3): 48-51*).

Key words: myxoma ■ aortic dissection ■ echocardiography

Cardiac myxomas are benign primary tumors of the heart.¹ Echocardiography has greatly facilitated the diagnosis of cardiac tumors.² Cardiac myxomas and dissection of the aorta have a wide range of clinical presentations. In a case of apparent aortic dissection, other diagnoses such as myxoma embolization should be considered.¹ Cardiac myxomas are benign tumors of the heart with a surgical incidence of about 0.5/million population/year. They usually present during the 4th to 6th decades and are more commonly seen in women. About 75% arise in the left atrium (LA) and most are singly pedunculated, although multiple and villous forms have been described.³

Case report

A 62-year-old male was referred to our institution for evaluation for a cardiac source of emboli. He had a history of hemiparesis and transient aphasia 15 days before. There was no previous history of episodic loss of consciousness, dyspnea, chest pain or other manifestations of probable heart disease. However, the patient had a previous history of a car accident.

Physical examination was unremarkable. ECC and CXR were normal. Transthoracic (TTE) and transesophageal (TEE) echocardiography revealed a large non-homogenous multi-lobulated highly mobile prolapsing mass in the left atrial cavity with multiple large highly

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