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Right Ventricle Failure Due to Myxoma Prolapsing Through the Tricuspid Valve: A Case Report

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Primary tumours of the heart are not common.The commonest of these primary tumours are myxomas.Usually clinical manifestations are equivocall and diagnosed coincidentally. In our case the patient was admitted to our clinic with overt right sided heart failure. Further evaluation with transthoracic echocardiography showed a large nonhomogeneous mass in the right atrium prolapsing through the tricuspid valve into the right ventricle and cured by heart surgery.
Key Words: Atrial Myxoma; Heart Failure.

Triküspit Kapaktan Sağ Ventrikül İçine Sarkıp Sağ Kalp Yetersizliği Yapan Dev Miksoma: Olgu Sunusu

Primer kalp tümörlerine nadir olarak rastlanır. En sık görülen primer kalp tümörü miksomalardır. Genelde müphem klinik bulgular verirler ve tesadüfen tanı konulması olağandır. Olgumuzda aşikar sağ kalp yetersizliği ile başvuran hastada kalp yetersizliği etyolojisini değerlendirmek için yapılan transtorasik ekokardiyografide sağ atriyumdan köken alan ve triküspit kapağı zedeleyip, sağ ventrikül içine sarkan dev miksoma ile uyumlu kitle saptandı ve cerrahi olarak tedavi edildi.
Anahtar Kelimeler: Atriyal Miksoma; Kalp Yetmezliği.

Primary tumours of the heart are not common and have been found in 0.1% and 0.3% at post mortem series.[1] 70-80% in surgical and 0.1% in echocardiografic series. The commonest of these primary tumours are myxomas, and of the myxomas 75% occur in the left atrium, 25% in the righ tatrium, and occasionally in the ventricle.[2]

Case Report

A 35 year old male presented with a history of one month progressive dyspnea, ortopnea, pedal and abdominal swelling. Single risk factor was smoking. Physical examination revealed 125/85 mmHg blood pressure, elevated juguler venous pressure, pretibial edema and hepatomegaly. Heart sounds were arrythmic, 2/6 holosystolic and moderate midiastolic murmur heard on left sternal auscultation. Electrocardiography showed atrial flutter, 84/min. Biochemical parameters were normal except platelet count, 45000/mm3. Transthoracic echocardiography showed a large non homogen mass in the right atrium prolapsing through the tricuspid valve into the right ventricle (Figure1).

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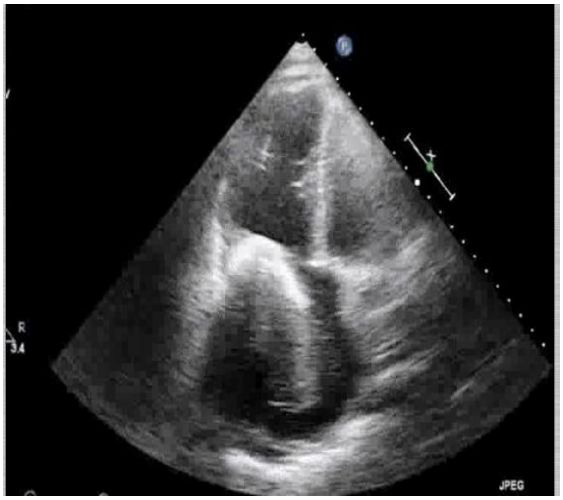

Figure 1. Non homogeneous mass in the right atrium prolapsing through the tricuspid valve into the right ventricle.

Coronary angiography showed normal coronary arteries and mobile, calcified, huge mass in the right side of hearth (Figure 2).

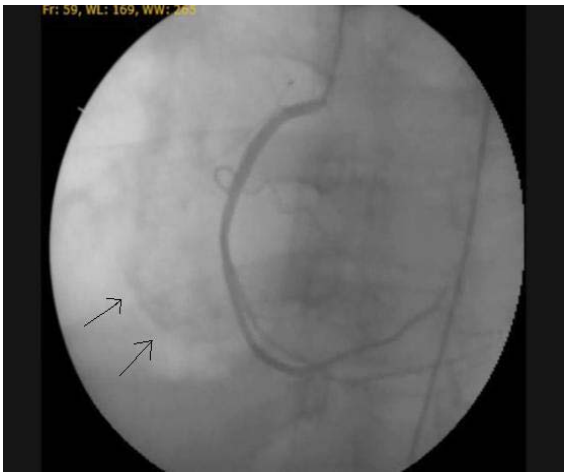

Figure 2. Mobile, calsific, huge mass in the right side of hearth.

Patient underwent cardiac surgery, the tumor, attached interatrial septum, exiced completely and tricuspit valve repaired. Gross pathplogy showed hemorragic 10x5.5 cm mass(Figure3).

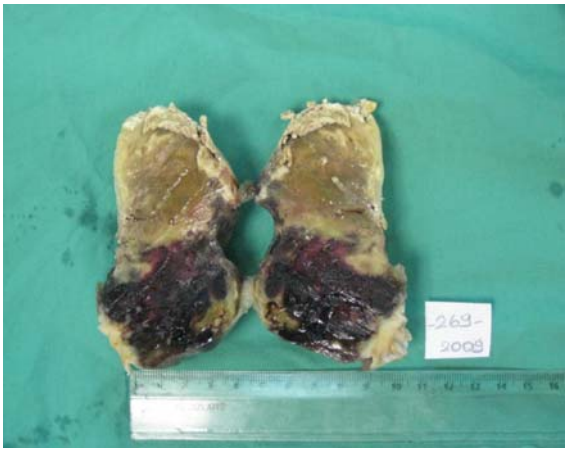

Figure 3. Hemorragic 10x5.5 cm mass.

Discussion

Myxomas are the most seen primary cardiac tumours. Right atrial myxoma accounts 25% of all myxomas.[2] As in the case of our patient, usually arises from inter atrial septum and prolapsing into the right atrium. As seen at coronary angiography, it is calsific, huge and mobile. It damaged the tricuspit valve according to prolapsing on a long stalk.

Myxomas mostly occur between 3rd and 6th decades, but can be seen at any age.[3] Due to sudden death and risk of embolization, excision by surgery must be made as soon as posible.[4] Complete obstruction resulting in syncope is the one of the commonest cause of sudden death in right atrial myxoma.[5]
Symptoms vary from constitutional to thrombo embolic and obstructive, but the most common symptoms of right atrial myxoma have been reported to be congestive heart failure, as in our patient.

Conclusion

Cardiac myxomas should always be considered when patients present with symptoms of heart failure without certain aetiology. Transthoracic echocardiography remains an invaluable tool in the diagnosis of this uncommon condition, while prompt diagnosis and treatment is necessary to avoid fatal outcome.

References

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