

Case Report

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Auricle Myxoma, Evidence from the Clinic to Cardiovascular Emergency Surgery, Triad: Cardiac, Systemic, Embolic

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ABSTRACT

Cardiac tumors are infrequent, primary tumors, such as atrial myxoma, are estimated at 0.00017 to 0.13% of all cardiac neoplasms, postmortem records, in relation to its frequency, it is more than the other primary ones, in 67% the left atrial myxoma, 23% in the right atrium and less frequent the biaurals left. age group from 30 to 60 years, more in the female sex, in the childhood is more related to alterations in skin lentiginosis, nevi as Carney. autosomica dominant síndrome. In genetic studies, alterations in the PRKARIA gene on chromosome 17 are found.

We present the case of a patient with a request for pre-surgical evaluation, urological prolapse of the bladder, with systemic manifestations, weight loss, chronic anemic syndrome treated with vitamins and trace elements, by a private physician, without remission.

It is worth mentioning that the physical and cardiovascular examination revealed semiotic onygomat seizures of Duroziez in the mitral area, with auscultatory changes in the left lateral decubitus position, for which reason I propose the diagnosis of mitral valvular heart disease vs atrial myxoma, with 2 elements of clinical judgment of the classic triad of myxoma, in the performance of the transcutaneous echocardiogram, a cardiac mass was observed, at the level of the left atrium, spherical, of 5.5 cm diameter, hyperechogenic.

Great mobility in cycles cardiac, prolapse of the mitral valve in diastole with stenosis, the emergency consultation was made to cardiovascular surgery in a hospital of greater complexity, a procedure with complete excision of the tumor of approx 12 cm by 5.5 cm diameter, with satisfactory evolution of the patient

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Introduction

Cardiac tumors are rare pathologies, they can be primary or secondary metastatic, in the history of medicine the first post mortem descriptions were made by Renaldo Columbus in 1558, with an incidence of 0.0017-0.28% in relation to 0.5 to 1 case per million patients per year, the first premortem clinical description of a myxoma was made by Dr. Barnes in 1934. These references are old, with the advancement of medical technology and biogenetic engineering have improved the diagnosis and early treatment of these cardiac tumors, prkar1 proteins a myh 8 as part of Carney Syndrome with lentigines, nevi and cardiac myxomas, is a rare disease although not exceptional as it was a few decades ago, more and more cases are diagnosed and the use and application of echocardiography as a tool have contributed to this fundamental diagnosis in cardiology; Approximately 75% are benign and of these, more than 50% of the cases are myxomas. 25% are malignant and most correspond to sarcomas. The most common benign cardiac tumor in adults is myxoma and in children rhabdomyoma followed by myxoma and fibroma. The first successful resection of a benign CT (myxoma) with extracorporeal circulation (ECC) was performed by Crawford 4 in 1954; Subsequently, many articles

have been published, especially short series or isolated cases still postmortem, a considerable number of clinical reviews have also been carried out, we must bear in mind the criteria of the classic triad of myxoma: obstructive cardiovascular symptoms, heart failure, syncope, manifestations systemic, weight loss, anemia, polyarthralgia, embolic manifestations. The present case of left atrial myxoma presented 2 criteria, establishing the diagnosis by echocardiogram.

Case Presentation

Case 1

77-year-old patient app: mitro-aortic valvular heart disease. osteoarthritis
g =8 p=8 postm without jones criteria
Allergies not Aq Hysterectomy
Apf No
Asymptomatic Cardiovascular Preq Assessment for Bladder Prolapse
Physical Examination Normoline Pale Reactive Pupiles
Oropharynx Pale
Cervical region no ing yug no thyromagaly no burth
Thorax cp clear fc 70 mitral area duroziez rhythm 1 hyperphonic tone .cha

Opening squid. Diastolic rumble presystolic bruit exacerbates with valsalva Or to a hospital of greater complexity for intervention and cardiovascular surgery.

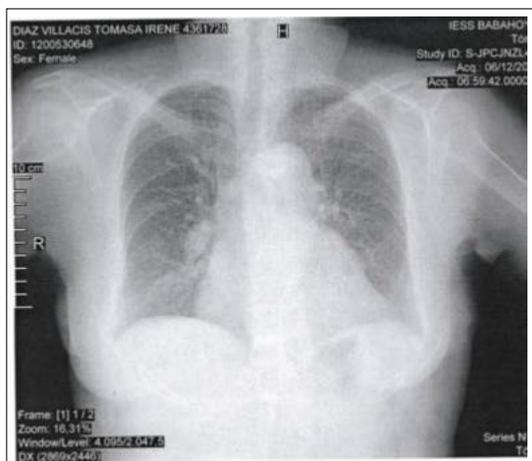
A pulmonary area hyperphonia of tones .dliz
 Abdomen no megalia no rh bruit normal
 Genitocrural pulse conserved. Affect
 Limbs pulse preserved no edema
 Ekg hr =70 bpm pr =0.16 ms qrs =0.8 ms qt =366 ms eje050
 P mitralis echocardiogram fine care in aortic mitral valve disease
 Invest of auricular myxoma surgery is suspended. Integral evaluation ete 3d doppler fine attention in left atrial myxoma
 The patient is informed of her admission, prior to heli
 Nki medical bioethics criteria, informed consent of the patient and or family members for her transfer
 Ular cardiological consensus criteria of acc a.h.a

implanted in the interatrial septum at the oval fossa level

Photo image of anatomopathological sample.



Pathology sample of the left atrial myxoma tumor, with a gelatinous appearance, approximately 12 cm by 5.5 cm in diameter. Surgery performed in a more complex hospital, with complete exeresis, electrocoagulation of the implantation site at the level of the left atrium. oval fossa. Transthoracic echocardiogram.



Standard and Thorax X-ray: cardiomegaly, cardiac index > 0.5 cmt, bilateral pvc, Kerley lines type a and b curved prominent left atrial appendage.



Post-surgical transthoracic echocardiogram without cardiac mass in the left atrium fe = 72%

Complete excision of the tumor should be mentioned that in view of interoperative atrial fibrillation, refractory to conventional therapy, implantation of a permanent vvri pacemaker was performed.

Discussion

Primary malignant cardiac tumors and metastases are more frequent in the right cavities, while benign ones appear more in the left. Primary cardiac tumors have an incidence that varies from 0.0017% to 0.19% in autopsies of patients representing the myxoma 50% of those that occur in the adult population and 15% in children under 18 years of age. Its presentation is more frequent in the women than in men with a 2:1 ratio and its peak incidence is between thirty and sixty years of life [1-3].



Trastoracic echocardiogram: left parasternal window: rounded mass at the atrial level, 5.5 cmt, mitral valve prolapse with diastolic obstruction, mitral stenosis, great mobility in cardiac cycles,

Although most of the myxomas are located in the left atrium anchored in the fossa ovale of the interatrial septum, they may also compromise valve surfaces and the walls of the cardiac chambers. Approximately 75% of myxomas are found in the left atrium, 20% in the right atrium, and cases found in the ventricles are rare, especially in the right.

Myxomas are characterized by a myxoid stroma in which myxoma cells or lipid cells predominate and are characterized by: an oval nucleus, a slightly prominent central nucleolus, and abundant eosinophilic cytoplasm with poorly defined borders. Myxoma cells also form complex perivascular or ring-shaped structures. Other secondary changes are also observed, such as: fibrosis, calcification, mononuclear chronic inflammation and the presence of hemosiderophages [2,3-8].

The classic triad is made up of: obstructive cardiac symptoms, systemic or pulmonary embolic phenomena, and constitutional symptoms

Cardiovascular Symptoms: Present in 67% of cases. More common are those that resemble symptoms of mitral valve obstruction and are frequently associated with electrocardiographic evidence of left atrial dilatation. Although auscultatory abnormalities can be found in 64% of patients, the classic “plop” tumor is identified in only 15% of patients.

Systemic Embolism: Present in 29% of patients, 20% with neurological deficit. Despite the great frequency of myxomas in women, men have the highest probability of embolization.

Constitutional symptoms such as fever and weight loss occur in 34% of patients. Laboratory abnormalities such as anemia, elevation of acute phase reactants (ESR, CRP) occur in 37% of cases, product of large release of interleukin I. 6 I.8 tumor necrosis factor in proinflammatory cascade.

In our 70th decade of life female patient, the myxoma, due to its large size (5.5 cm) and high mobility, produced obstruction of the mitral valve, causing dynamic stenosis that manifested itself clinically.

Manzur, et al., reported a case of left atrial myxoma in the city of Cartagena, associated with severe mitral valve regurgitation, in a 31-year-old female patient in whom color Doppler echocardiography revealed the existence of a Floating mobile mass in the left atrium, which corresponded to a myxoma of approximately 5.6 cm. which passed the mitral valve to the middle of the ventricle with obstruction of the ventricle’s inlet tract. The myxoma was surgically removed [9].

The Santa María de Medellín Cardiovascular Clinic published a report on cardiac tumors during a 15-year registry of experience between 1989 and 2004, describing the anatomical distribution, by age and symptoms of patients diagnosed with secondary and primary cardiac tumors. The myxoma corresponded to 76% of the cases, in patients older than 45 years of age, with greater location in the left atrium. The main symptom was dyspnea, followed by neurological symptoms including syncope, and finally chest pain, which ranked third. There was a higher frequency of myxomas in the male gender.

Transthoracic echocardiography is usually sufficient to diagnose myxomas, but if the result is not optimal, transesophageal

echocardiography can be used. The sensitivity of transthoracic echocardiography for the diagnosis of myxomas is close to 95% and that of transesophageal echocardiography is 100%. The case presented only required transthoracic echocardiography to make an accurate diagnosis and this was sufficient to perform the patient’s surgical intervention [1, 9].

Echocardiography plays a fundamental role in making an early diagnosis in these patients. It allows us to rule out other entities that present with dyspnea and murmur, such as hypertrophic cardiomyopathy and valve disease. It is important to make the differential diagnosis with intracardiac thrombi, given the different therapeutic strategy in both cases. As a general rule, thrombi usually appear in patients with atrial fibrillation, dilated left atrium, mitral and tricuspid stenosis or prosthesis, low cardiac output, and the presence of spontaneous echocontrast in the atrium.

left. Other imaging techniques: ETE, MRI, CT, PET 18F-FDG CT

Surgical resection is the treatment of cardiac myxomas. Surgery must be urgent, to avoid complications such as embolic phenomena or sudden death. Sometimes it is also necessary to act on the mitral valve if there is dilatation of the annulus or the leaflets or chordae are affected by the tumor. The prognosis for these tumors is generally good. Surgery is curative in most cases, although periodic follow-up with echocardiography must be carried out for several years, since there are cases of recurrence, most of which are due to inadequate surgical resection [1, 7, 9].

Conclusions and Recommendations

Cardiac myxomas are among the most difficult diseases to diagnose, due to the low frequency in the population and the non-specific clinical presentation, called the great mime of cardiovascular and systemic nosology. It is understandable that symptoms are attributed to the first medical contact to more common diseases.

The key to diagnosing a cardiac tumor is to include it in the differential diagnosis. An exhaustive clinical history and a good physical examination are necessary, especially in the presence of atypical data, as well as complementary tests, among which we have transthoracic echocardiography.

river of genetics for the respective screening of the patient and relatives, in this case of primary cardiac tumors the practical gene of the mixoma

Headphone, which was not done due to financial resources. Treatment of symptomatic cardiac myxoma is surgical resection. removal of the tumor, with wide resection of the area surrounding the tumor base to prevent recurrence.

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