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## Case report

# Acute arterial occlusions of the extremities as only one manifestation of cardiac myxoma

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## ABSTRACT

Cardiac myxoma is the most common benign tumor of the heart that occurs in adult population. It can cause several specific and nonspecific symptoms, especially depending on localization and size of the tumor. The disease may take many months and years being unrecognized and asymptomatic. The echocardiography is the golden standard in diagnostic process of cardiac tumors, but in many cases the finding is incidental and the diagnosis is often challenging. We present a case report of the left atrial myxoma manifesting with multiple acute limb ischemia. After urgent thrombectomy and embolectomy a sample of thrombus was sent for histology. The conclusion was the benign tumor of the heart. The coronary catheterization showed two critical stenoses on RIA and chronic occlusion of RCA. The patient was indicated for incomplete revascularization and the extirpation of the cardiac tumor. The patient three months after the surgery is with no signs of tumor on echocardiogram.

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## Introduction

Cardiac myxomas are by far the most common type of primary cardiac tumors, and their prevalence ranges between 0.0017% and 0.28% in autopsy series [1]. Approximately 80% of myxomas are localized in the left atrium, 75% of which

involve the interatrial septum. Between 7% and 20% are found in the right atrium; the rest are either biatrial, in the right ventricle, or in the left ventricle [2–4]. Patients with myxoma can have a wide range of symptoms. Undiagnosed tumors of the heart are potentially highly dangerous. Embolic event, cerebrovascular stroke and hemodynamic instability can occur [5].

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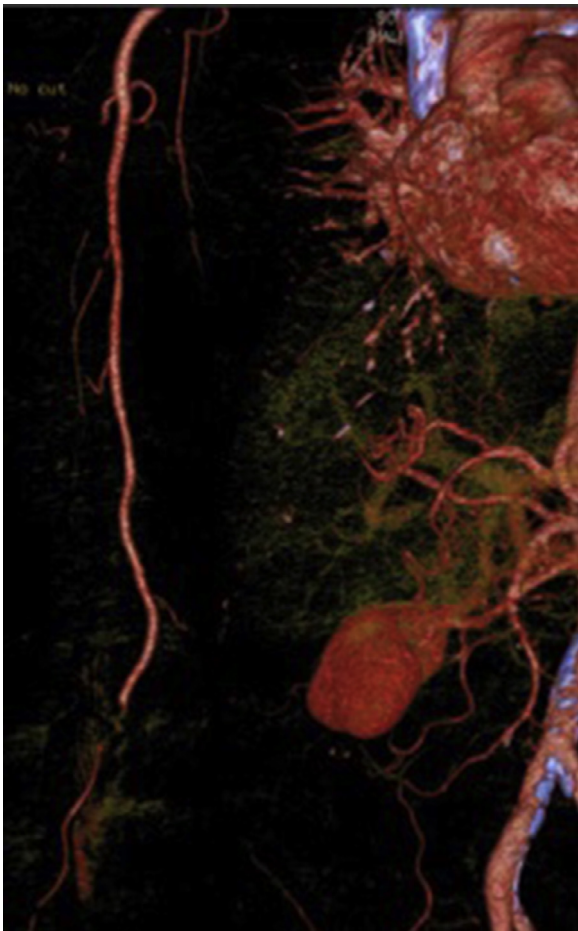
Abbreviations: CTA, computed tomography angiography; RCA, ramus circumflexus anterior; RIA, ramus interventricularis anterior.

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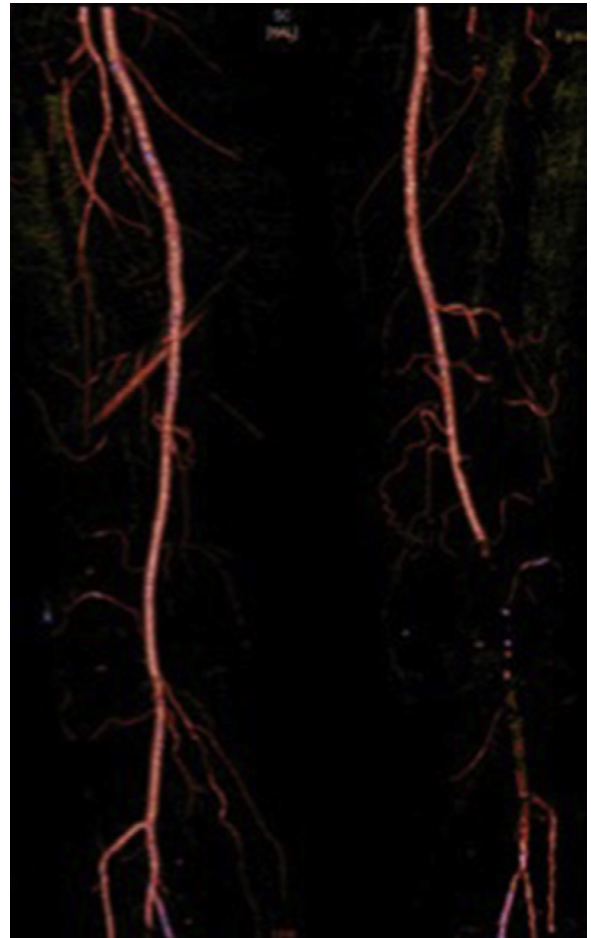
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## Case report

A 79-year-old patient was hospitalized for acute limb ischemia. Computed tomography angiography (CTA) showed occlusion of the right radial, right ulnar artery and left popliteal artery (Figs. 1 and 2). CTA scan showed a 3.5 cm × 3.0 cm hypodense lesion in the left heart atrium (Fig. 3). An urgent surgical thrombectomy and embolectomy were performed after the clinical preparation. As a part of his routine investigations a transthoracic echocardiogram was done and showed a big (2.3 cm × 2.5 cm) grape-like mass in the left atrium attached to the interatrial septum. The mass had the echocardiographic features of myxoma. Valvulopathy was not found. The emboli biopsy confirmed the diagnosis of myxoma. Hospitalization was complicated by massive hematuria caused by medications (heparin and aspirin-type medications). The patient was sent to the regional cardiac center before the surgical resection of the tumor where the preoperative coronarography was performed. It showed critical subocclusion of interventricular artery and chronic occlusion of right artery (Figs. 4 and 5). The patient was indicated to incomplete surgical revascularization. He underwent cardiac surgery with complete excision of the left atrium mass and the venous graft was sewn to the aorta and the



**Fig. 1 – Computed tomography angiography – right radial and ulnar artery occlusion.**



**Fig. 2 – Computed tomography angiography – left superficial femoral and popliteal artery occlusion.**



**Fig. 3 – Chest computed tomography – hypodense lesion in the left heart atrium.**

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