Left Atrial Myxoma Developing 14 Years Following Patch Closure of an Atrial Septal Defect

Mulay D V[1]

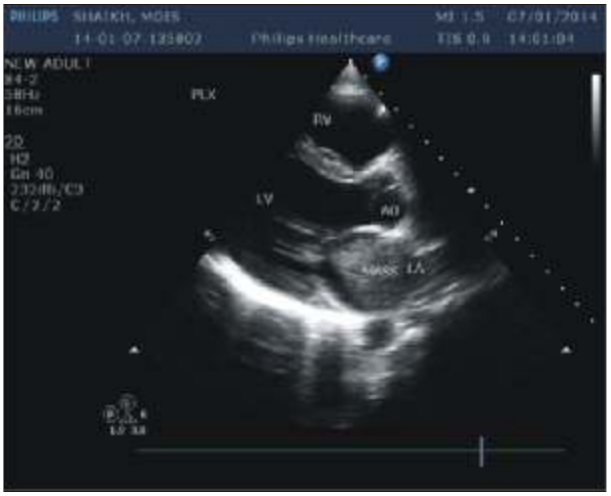

Figure 1 : **PLX view showing myxoama in LA attached to interatrial septum**

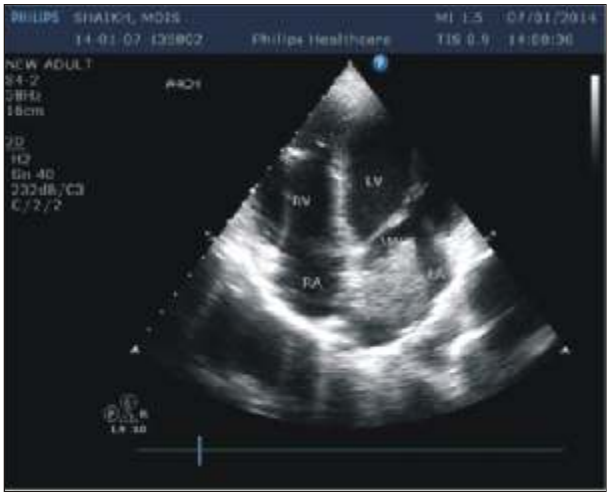

Figure 2 : **A4CH view showing attachment of myxoma to interatrial septum**

A 22 year old boy presented to the Department of Medicine for weakness on right side of the body. He gave history of undergoing surgery at the age of eight years. The case records revealed the nature of surgery to be, patch closure for atrial septal defect. He was asymptomatic after that and developed weakness of right upper and lower extremity two days prior to admission. He gave history of similar episode one year back from which he had recovered completely in a week. He had history of exertional dyspnoea from one year. On examination his pulse rate was 78/min, regular. B.P. was 120/80 mm of Hg. He had no signs of heart failure. On auscultation S1was loud and no murmur was detected. S2 was normal. His E.C.G. showed sinus rhythm without any evidence of chamber enlargement. X-ray chest showed normal cardiac silhouette and lung fields. CT brain revealed hypo dense lesion of density 22-31 HU in the gangliocapsular region on left side. His 2-D ecocardiographic examination revealed a mass in left atrium attached to interatrial septum suggestive of myxoma ***(Fig.1 & 2).*** Left atrium was mildly enlarged. There was no evidence of pulmonary hypertension. Patient denied admission, so was put on aspirin 150 mg daily and referred to higher centre for workup and surgery. There after patient was lost for follow up.

There are stray reports of myxoma developing after cardiac surgery. In 1994 Suzuki etal[1] reported development of right atrial myxoma in a 13 year old boy 4 years following patch closure of an ostium secundum ASD. Marnissen et al[2] described development of a symptomatic left atrial myxoma less than 2 years after aortocoronary bypss grafting. Monaldi[3] has reported appearance of right atrial myxoma following transcatheter radiofrequency ablation for recurrent atrial fibrillation. Bamberg et al[4] reported donor transmitted left atrial myxoma 13 years after heart transplantation. Kale et al[5] have reported atrial myxoma after open heart surgery. Sirin et al[6] have reported a case of mitral stenosis

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with recurrent atrial fibrillation who underwent radiofrequency ablation and prosthetic mitral valve replacement. Two years later the patient presented with myxoma. They have commented whether the heat energy caused by RFA might have triggered the development of the tumor. Whether trauma produced to the heart due to cardiac surgery predisposes for tumor formation is a matter of debate.

Conflicts of interest : None reported by Author

References :

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