Case Report

Left Atrial Myxoma Associated with Obstructive Coronary Artery Disease

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We describe the case of a 67-year-old male patient with obstructive coronary artery disease who, in the preoperative assessment for an inguinal hernia repair, had undergone an echocardiography that showed a large, mobile, non-obstructive tumor in the left atrium, with a pedicle originated in the right superior pulmonary vein. The patient underwent a coronary angiography with left ventriculography that showed severe stenosis in the mid-third of the left anterior descending artery, moderate stenosis in the proximal third of the circumflex artery at the origin of the first marginal branch, and a non-obstructive lesion in the distal third of the right coronary artery. Moderate left ventricular dysfunction was also observed. The patient then underwent resection of the tumor and coronary artery bypass grafting. The histopathological examination revealed a myxoma.

Key words
Myxoma; heart atria left; coronary disease.

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Discussion

Myxoma is an usually asymptomatic disease with the triad of embolicogenic, unspecific constitutional or obstructive symptoms. The presence of symptoms of coronary artery disease in these patients can be explained, in many cases, by the embolization of tumor fragments. Reports of acute myocardial infarction and sudden death are not infrequent. However, the high mean age and occurrence of other risk factors for atherosclerosis make the presence of a coronary artery disease an important diagnostic possibility. Some authors also support a hypercoagulability state in patients with myxoma, and in one report increased levels of interleukin-6 and 8 were demonstrated.

The mean age of patients with myxoma is 56 years, and 70% are females. Some previous publications showed a prevalence of coronary artery disease between 0 and 11% in patients with myxoma. However, two recent studies showed values between 20.3 and 36.6%, more compatible with the age range of these patients for whom a higher percentage of risk factors for atherosclerosis such as systemic hypertension and dyslipidemia is observed.

Echocardiography remains an excellent test for diagnosis and topographic definition, providing information such as size and location. Approximately 90% of the myxomas are isolated lesions and 86% are located in the left atrium. The transesophageal is more accurate than the transthoracic echocardiography, and is routinely performed in the preoperative assessment in our service.

Some authors support the idea that all patients should undergo cardiac surgery as soon as the diagnosis is made, without previous angiographic examination, basing this assumption on the risk of sudden death. Others consider coronary angiography a mandatory test only for patients with anginal symptoms or over forty years of age. Ventriculography is another controversial aspect because of the potential risk of embolization of tumor fragments from the atrium into the left ventricle.

The patient reported had various risk factors for atherosclerosis, such as systemic hypertension, previous smoking habit, and past history of myocardial infarction, so that the hemodynamic study was imperative. In addition, since the echocardiography did not show the tumor prolapsed into the ventricle, a left ventriculography was performed uneventfully.

In the experience of our service the performance of a preoperative coronary angiography is key for all patients over 40 years of age with a past history of coronary artery disease or anginal symptoms, when undergoing cardiac surgery. The surgical procedure used is the same for conventional coronary artery bypass grafting.

Potential Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References