

Undetected Atrial Myxoma Presenting as Severe Dyspnea

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Introduction

A 49 year-old lady presented to the emergency department complaining of "feeling sick" with shortness of breath. She complained of cough productive of yellow sputum and chest pain. An electrocardiogram done in the ED revealed non-specific and abnormal p wave axis and diffuse ST-T wave changes. Shortly after her initial evaluation, the patient's blood pressure dropped to 80/40 mm Hg which prompted emergent cardiology evaluation. An echocardiogram revealed a large left atrial myxoma almost

completely filling the left atrium (**See Figure**). A cardiac catheterization revealed normal coronary arteries. The patient underwent urgent surgical removal of the left atrial mass, which on pathology proved to be an atrial myxoma. The patient did well postoperatively and her dyspnea resolved. Myxomas are the most common type of primary cardiac tumors, comprising 30-50% of the total in most pathological series. The incidence of atrial myxomas ranges between 0.5 and 1 per million of population/year.

FIGURE. TWO-DIMENSIONAL ECHOCARDIOGRAM REVEALING A LARGE INTRACAVITARY MASS.

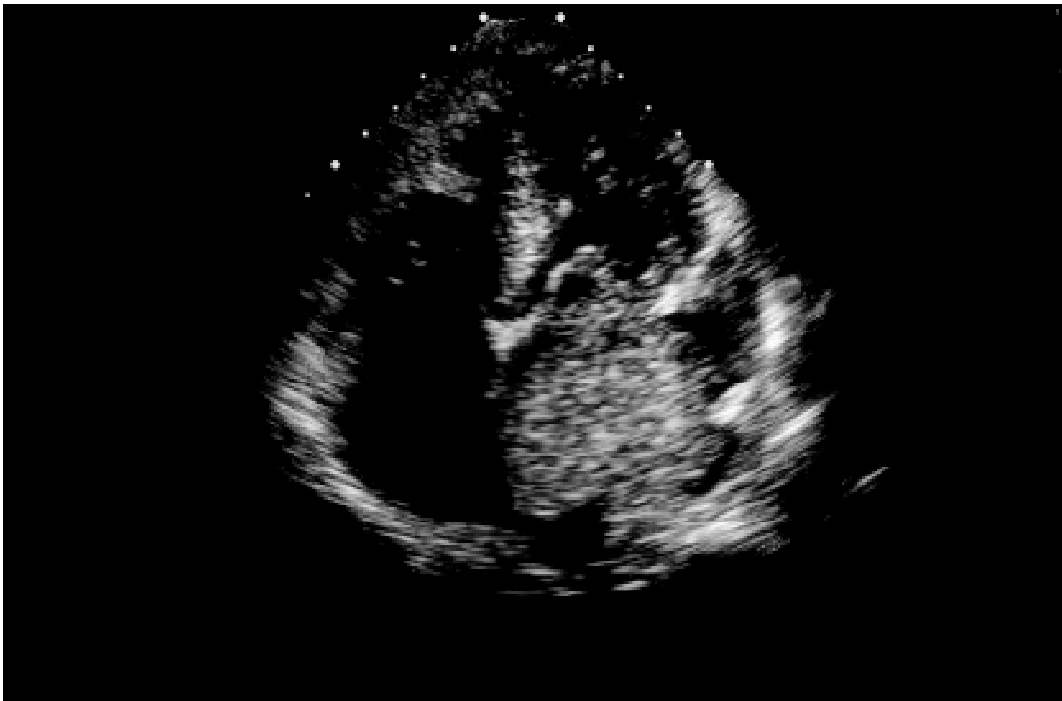


PARASTERNAL LONG AXIS VIEW

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APICAL 4 CHAMBER VIEW