Dear Editor;

Primer cardiac tumors are 80% benign, the half of the benign ones are myxomas. Even though myxomas derivate from any cardiac portions, they are generally localized in left atrium (75%) and they are sporadic (1). They may mimic mitral valve pathologies with symptoms of dyspnea, palpitation and syncope, and may mimic hyperthyroidism with constitutional symptoms like palpitation and anxiety. Also they may emerge with systemic embolization (2). They are rarely asymptomatic and cause hemodynamic problems when they are big enough in dimension (3).

Cardiac tumors may be symptomatic or they may be detected incidentally. They may either be detected via common and non-specific symptoms or they may present with atipic symptoms. Diagnosis is held by means of echocardiography, indebatebly, and treatment is surgery (4). We aimed to represent a case with a left atrial myxoma, obstructing mitral opening which leads to acute pulmonary edema.

47 years old male patient presented to the emergency service with sudden dyspnea. Emergency surgery was planned after routine laboratory tests and echocardiography revealed a myxomatous mass that derivated from interatrial septum, prolabled into to left ventricle, and obstructed mitral orifice (Figure 1,2). After process of median sternotomy, aortacaval bicanulation and cardiopulmonary bypass, left atrium was reached with superior septal incision. A mixoid mass which has a smooth surface attached with a 1-1,5 cm base, which has dimensions of 9*6*5 cm, excised with interatrial septum (Figure 3).

Figure 1. Preoperative chest X-ray

Figure 2. The mass of the left ventricle prolapsed in preoperative ECHO.

The defect remained in septum, closed with autogenic pericardial patch. Postoperative pulmonary edema findings healed quickly (Figure 4). Patient was discharged in the fifth day of hospitalization without any complication. The specimen of pathology was reported as benign myxoma. There has not been detected any problems during the routine polyclinic examination on 1th, 3rd and 6th months after the surgery.
Cardiac myxoma is a benign tumor with an unknown origin, especially derived from atrial septum (5). Dimensions of myxoma correlate with its symptoms. Smaller ones have irregular surface, and causes embolization more. Constitutional symptoms are seen in left atrial myxomas and may not be encountered in right atrial myxomas (6).

Myxomas generally grow slowly, but rarely do they reach big dimensions without any symptom (7). Cardiac myxomas may lead to hemodynamic symptoms by obstructing blood flow where they seated in the heart and by deformation of cardiac valves.

In our case, myxoma seated in left atrium, obstructed mitral opening and blocked the flow of blood, and leded pulmonary edema. Emergent cardiac surgery was performed because of emerging cardiovascular unstability and acute pulmonary edema.

Syncope or sudden deaths may be encountered in 2 % of left atrial, 30 % of right atrial and right ventricular and 50 % of left ventricular myxomas, because of intermittent obstruction. Symptoms are frequently with a short duration and episodic. Cardiac valve deformation may lead to regurgitation (8). Standard treatment of myxoma is surgery (9,10). It has an almost perfect short and long time survey after surgery (11). Our case is found to be noticeable with patient’s attendance to the hospital with pulmonary edema without any previous symptom history and it is a well-known issue that myxomas are a cause of sudden death.

References
