

Left atrial myxoma migrating to left ventricle in diastole

Diyastolde ventriküle geçen sol atriyal miksoma

A 46 years old female patient had progressive respiratory distress and palpitation in the last two months. On physical examination, the patient had 2/5 systolic murmur at mitral valve, pretibial edema (++) and the pulse rate was 110/min. Electrocardiography findings were as following: normal sinus rhythm, p mitrale at D1-2 aVR, t (-) at V1-6 derivations. Postero-anterior chest X-Ray demonstrated significant pulmonary conus and increase in cardiothoracic index. A left atrial mass originating from septum with a diameter 3.5x4.7 cm and grade 4 tricuspid valve insufficiency were determined by transthoracic echocardiography. Pulmonary arterial pressure was 140 mmHg. Patient underwent coronary angiography and ventriculography examinations. Coronary arteries were

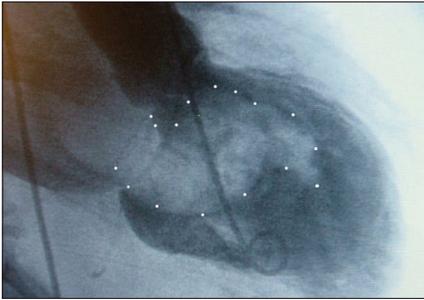


Figure 1. Ventriculography view of a left atrial mass during systole

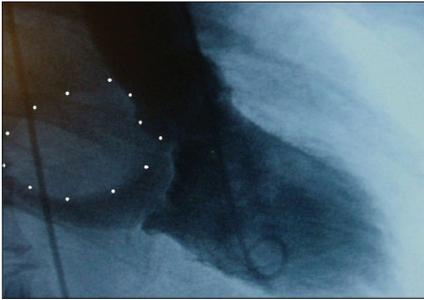


Figure 2. Ventriculography view of a left atrial mass migrated into left ventricle during diastole

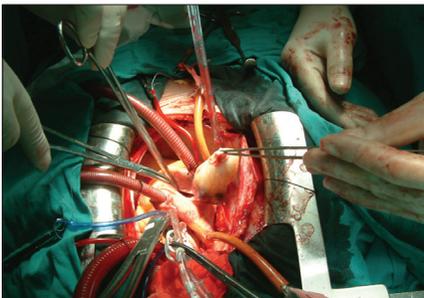


Figure 3. Intraoperative view of the 4.0x6.5 cm mass (myxoma) originating from atrial septum

normal, however on ventriculography; a left atrial mass originating from septum and migrating to ventricle in diastole, and mitral valve insufficiency (grade 2) were detected (Fig. 1-2, Video 1. See corresponding video/movie images at www.anakarder.com).

The patient underwent an elective operation with aorta-bicaval cannulation into cardiopulmonary pump. We made right and left atriotomy and resected 4.0x6.5 cm mass from fossa ovalis with septum where it was clinging to (Fig. 3).

Pericardial patch was used to repair the septal defect. Mitral valve was found to be normal and the insufficiency on ventriculography was noted to be due to the migration of the mass. De-vega annuloplasty was applied to tricuspid valve. Atriotomies were closed, and the operation was completed without any complications. The patient was discharged on post-operative day 7. The pathological diagnosis was - myxoma.

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Repair of ascending aortic aneurysm in a patient with lipomatous hypertrophy of the interatrial septum

İnteratriyal septumda lipomatöz hipertrofi ile birliktelik gösteren assandan aort anevrizmasının tamiri

A 67-year-old female patient was referred to our clinic with increasing shortness of breath on exertion. The past medical history was unremarkable, except for obesity (weight, 90 kg) and atrial fibrillation. She was hemodynamically stable and her physical examination was normal. The echocardiographic examination revealed an ascending aortic aneurysm (AAA) with a diameter of 5.5 cm and a finger-like right atrial mass, suggestive of a right atrial tumor (Fig. 1).

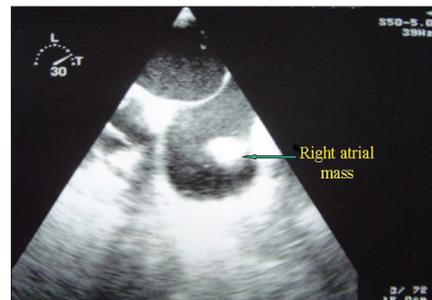


Figure 1. Echocardiographic view of right atrial mass