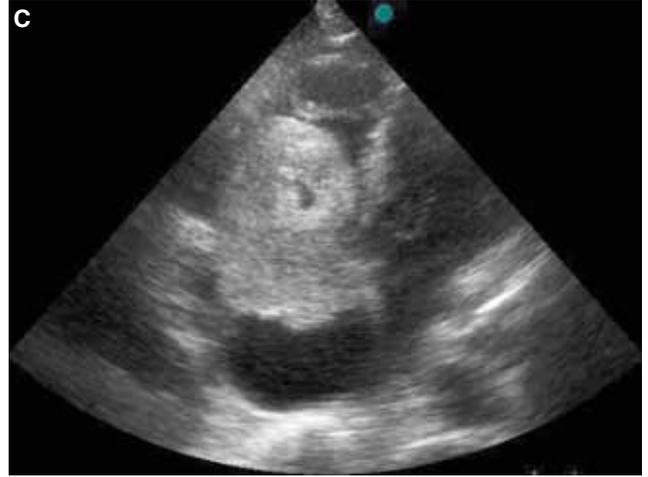
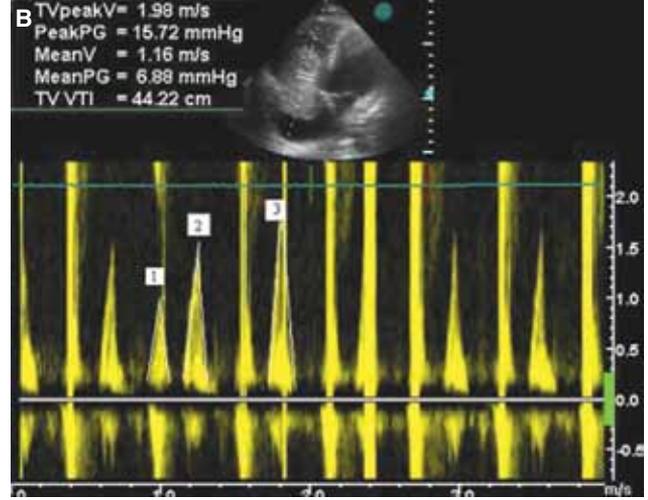
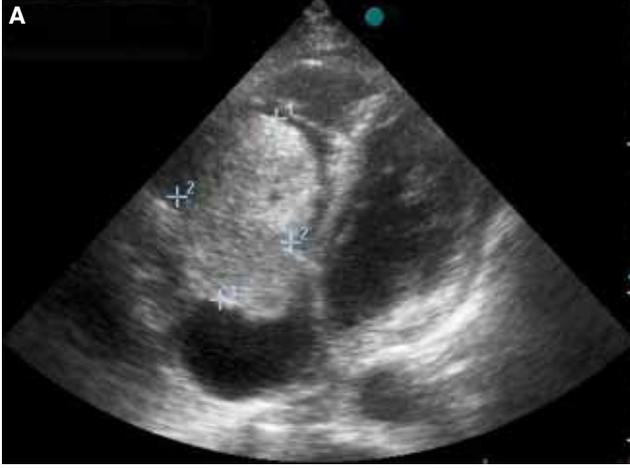


## Intermittent severe tricuspid stenosis caused by myxoma originating from the free wall of the right atrium

## Sağ atriyum serbest duvarından köken alan ve aralıklı ciddi triküspit darlığına neden olan miksoma



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Myxoma is the most common primary cardiac tumor that mostly originates from the left atrium. Myxomas that originate from the right atrial free wall causing intermittent obstruction of the tricuspid inflow are extremely rare. A 75-year-old man was admitted to our hospital with progressive dyspnea and palpitation.

He had no history of any disease. On physical examination, his blood pressure was 130/80 mmHg, pulse rate was 110/min, and an intermittent diastolic murmur was heard over the mesocardiac area. Electrocardiography, telecardiography, and laboratory findings were all normal. Transthoracic echocardiography showed a mass, 6.4x4 cm in size, attached by a short stalk to the border of the free wall of the right atrium (Fig. A). The mass exhibited an intermittent swinging motion that plugged the tricuspid valve, obstructing the tricuspid inflow significantly (mean transvalvular tricuspid gradient 7 mmHg) (Fig. B).

Echocardiographic appearance of the mass included an echolucent area enclosed by an echogenic area especially in the middle zone of the mass which were consistent with hemorrhage and calcification, respectively (Fig. C). The patient underwent open heart surgery and the tumor was successfully resected including the narrow stalk originating from the free wall of the right atrium. The pathologic diagnosis was myxoma and postoperative clinical course of the patient was uneventful.

**Figures.** (A) Preoperative echocardiographic four-chamber view of a large echo dense mass, measuring 6.4x4 cm, on the atrial side of the right heart, originating from the free wall of the right atrium. (B) Preoperative echocardiogram shows intermittent diastolic transvalvular tricuspid gradient caused by the large echo dense mass. (C) Apical four-chamber transthoracic echocardiographic appearance including an echolucent area enclosed by an echogenic area especially in the middle zone of the mass, consistent with hemorrhage and calcification, respectively.