Clinical Reminder

Atrial myxoma presenting as transient ischaemic attack and acute coronary syndrome in an octogenarian

An 82-year-old woman was admitted with sudden onset of right arm weakness lasting 4 h. Subsequently, she developed central chest pain. Main physical finding was mid-systolic murmur audible at the apex. Electrocardiograms (ECGs) demonstrated progressive T-wave inversion in the anterior chest leads and atrial fibrillation. Troponin I level was 7.1 ng/dl 12 h post chest pain.

Transthoracic echocardiography demonstrated a large mobile mass in the left atrium (Figure 1, available as supplementary data in http://www.ageing.oxfordjournals.org). Cardiac catheterisation was normal. Brain CT suggested acute cerebral infarction in the left frontal lobe. At emergency surgery, a mass (90 × 55 × 10 mm) weighing 31 grams was removed from the atrial wall.

Myxomas account for the majority of primary cardiac tumours, the left atrium being the commonest site. The peak incidence is between the third and sixth decades [1]. Embolisation, obstruction and arrhythmias are the main modes of presentation [2, 3]. Surgical removal is usually curative [1].

Atrial myxoma is an uncommon but important diagnosis to consider in older people presenting with multiple embolic events.

Key points
- Atrial myxoma is a diagnosis to consider in elderly patients presenting with symptoms and signs of multiple emboli.
- Embolisation, obstruction and arrhythmias are the main clinical modes of presentation.
- Surgical resection is advisable as soon as possible after diagnosis, as the risk of embolisation is high.
- Recurrence is possible, and therefore long-term echocardiographic follow-up is recommended.

Conflicts of interest
None declared.

J. S Balami1, H. W Jones1, N. Alp2, J. Dwight2, C. Casser3, A. Martin3, L. Winter4
1Department of Clinical Geratology,
2Department of Cardiology,
3Department of Acute medicine,
4Department of Pathology, Oxford Radcliffe Hospital NHS Trust, Headington, Oxford OX3 9DU, UK
Address correspondence to: J. S Balami;
Email: josalbal@doctors.org.uk

References