A 15-year-old girl was referred to the cardiology department for recent discovery of a cardiac systolic murmur. She was asymptomatic for daily activities and had no clinical sign of heart failure. Extra cardiac examination was unremarkable. The electrocardiogram was in sinus rhythm and the chest roentgenogram showed no abnormality. There was no sign of inflammation on blood test results.

Transthoracic echocardiography revealed a highly mobile, ovoid, and pediculated mass measuring $30 \times 20$ mm in diameter, moving back and forth in the left ventricular outflow tract (LVOT) and inducing intermittent obstruction to the LVOT (Supplementary material online, Videos S1–S3).

The pedicle seemed to originate from the posteromedial papillary muscle (Panel 1).

There was no anatomical or functional abnormality of the mitral and aortic valves and no pericardial effusion.

Because of the large size of this mass and the intermittent obstruction of LVOT (Panels 2 and 3), surgery was promptly advised. Consequently, a complete surgical excision of a red polypoid mass with lobulated surface and the surrounding endocardium was performed (Panel 4). The pedicle was originating from the posteromedial papillary muscle. The mitral valve apparatus was otherwise normal.

Histopathology confirmed a typical myxoma with abundant hyaline and myxoid stroma (Panel 5).

Post-operative course was uneventful and the patient could be discharged from the hospital 6 days after surgery.

In conclusion, we present here a rare case of myxoma originating from the left ventricular papillary muscle, with intermittent obstruction of the LVOT, successfully treated by urgent surgical removal.

Supplementary material is available at European Heart Journal online.