Right Atrial Myxoma

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Primary intracardiac tumors are rare and approximately 50% are myxomas. The majority of myxomas are located in the left atrium and have variable clinical presentation. We report a case of a large myxoma in the right atrium, which is an uncommon location for this type of tumor.

34 yr male C/O breathlessness on exertion (NYHA CLASS III) since 2 months with severe right sided chest pain.

TEE showed large mobile mass (3.9 x 1.6 cms) in RA, prolapsing into RV through tricuspid valve, mass was multilobed heterogenous.

CT chest showed lobulated mass (3.5 x 2.8 cms) in RA, moderate right sided pleural effusion, severely occluding calcified lesion in right descending pulmonary artery

Intraoperatively attachments to anterior lip of coronary sinus and just above the opening of IVC in RA were seen (Figures 1 and 2).

Histopathology showed RA myxoma with areas of infarction.

Myxomas affect patients within a wide age range (15 to 80 years), and the average age is approximately 50 years. There is a female predominance in the sporadic form.¹ Myxomas are usually pedunculated, solitary, and sporadic but may be associated with familial autosomal dominant syndromes (7% of cases) he classic triad found in patients with cardiac myxoma is characterized by obstruction of blood flow, constitutional symptoms, and thromboembolic events.

Although transthoracic echocardiography is less invasive and presents an excellent sensitivity in detecting 95% of myxomas, the sensitivity increases to 100% when followed by transesophageal echocardiography.¹ Computed tomography (CT) and magnetic resonance imaging may be useful to demonstrate the point of fixation and associated complications.

Once a cardiac myxoma is diagnosed, surgical excision should be performed without delays because of the constant risk of thromboembolic events. Generally, surgical treatment is definitive and recurrence is uncommon.

RA myxomas usually originate in the fossa ovalis or base of the interatrial septum,² but in this case, the myxoma was in Anterior lip of coronary sinus Just above the opening of IVC in RA

**References**


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