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Uncommon case of embolising pseudomyxoma of both atria

R. Kohn, P. Chňupa, V. Fischer, Z. Motŏvská

The authors present the case of a 72 year old woman with a history of progressive dyspnea and with suspicion of successive pulmonary embolism. Two flying tumors were found in both atria at the echocardiography. The tumors proliferated from the interatrial septum and were the cause of the pulmonary embolism. The pseudomyxoma which penetrated through the foramen ovale apertum in the left atrium was extirpated. At this time the patient has no difficulties, a relapse of the pseudomyxoma wasn't found. *J Clin Basic Cardiol 1999; 2: 132–3.*

Key words: pseudomyxoma of the heart, embolism

This is the case of a 72 year old woman with some years history of paroxysmal supraventricular tachycardia, who has suffered an attack of myocardial infarction and who was operated on the varices of the legs.

She was admitted for about 14 days history of dyspnea, palpitation and angina pectoris, which started after the curettage for the metrorrhagia (benign polypus of the uterus). The patient has been using Corinfar, Nitro-Mack retard, irregularly Cordarone, Neogilurytmal and Furosemid.

Examinations

We found tachycardia, crepitus at the lung bases and varices of the legs with chronic venous insufficiency and crural edema (predominantly on the right).

The values of the blood sedimentation rate, the blood count and other laboratory investigations were normal.

Sinus rhythm, supraventricular extrasystoles, paroxysms of the atrial flutter and of the atrial fibrillation, left anterior fascicular block and intermittent sinoatrial block, significant ST segment depression with the negativity of T waves and elongated QT interval on the ECG and on the Holter monitoring were found.

The X-ray of the heart and lung was normal.

Mild restriction of the ventilation by the spirometry was found.

Echocardiography was the most important examination. We found two flying tumors in both atria which proliferated from the interatrial septum. Right ventricle and right atrium were dilated, there were tricuspid insufficiency of the 2nd degree and pulmonary hypertension. The ejection fraction of the left ventricle was normal. We confirmed the flying tumor which penetrated through the foramen ovale in both atria (approx. 4 cm x 1 cm) by the transesophageal echocardiography (Fig. 1).

Nontypical postinflammatory changes of the right femoral vein by the ultrasound examination were found.

The coronary arteriography was normal.

Course of the disease and therapy

We concluded this case with high probability of myxoma in both atria, which has been embolizing to the pulmonary artery.

The patient was treated by Digoxin, Isoptin, Nitro-Mack retard, Moduretic and low dose of Heparin. We decided on the surgical treatment and the patient was transferred to the Institute of Cardiovascular Diseases. The pre-operative treatment was complicated with severe Heparin-induced thrombocytopenia (22 x 10^9/l) which recovered after the discontinuation of this drug.

The patient was operated and we found foramen ovale apertum (approx. 0,5 cm) and the tumor (approx. 3 cm x 1 cm) in the left atrium, adhering to the septum in the area of foramen ovale. There was no tumor found in the right atrium and we suppose that it embolised to the pulmonary artery before the operation. The tumor of the left atrium was extirpated and turned out to be a pseudomyxoma on histologic examination. The foramen ovale apertum was sutured.

There were no postoperative complications and the patient was discharged on the 10th day after the operation.

At this time the patient has no difficulties, there was no relapse of the pseudomyxoma.

Discussion

The tumors of the heart may be primary or secondary. The primary ones may be benign or malignant and the secondary or metastatic ones are malignant. The secondary tumors are far more frequent than the primary ones. Myxomas are the most common type of primary cardiac tumors – 75 % of them are located in the left atrium, about 23 % in the right atrium

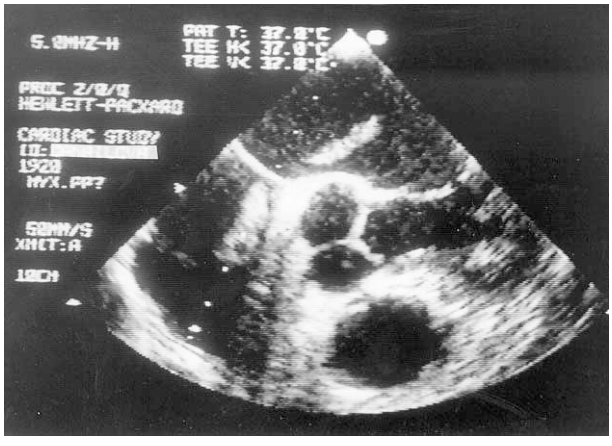

Figure 1. Transesophageal echocardiography: Pseudomyxoma in the right and left atrium

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and about 2 % in a ventricular cavity. On rare occasions, the tumor is present in more than one cavity [1–6]. Pseudomyxoma is no real tumor, it is supposed to originate from the myxomatous transformation of a thrombus [7].

In our case we supposed embolism of the thrombus from the right femoral vein to the right and left atrium (through the foramen ovale apertum) and myxomatous transformation of the thrombus with successive embolism to the pulmonary artery.

Conclusion

Pseudomyxoma in both atria is rare and supposed to originate from myxomatous transformation of a thrombus. Echocardiography is the generally available and reliable noninvasive method in establishing the diagnosis of pseudomyxoma, besides the nonspecific symptoms of embolism to the pulmonary or systemic circulation.

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