



POSTER

Raising a myxomatous question

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Abstract

Introduction: Atrial myxomas are either sporadic (vast majority) or related to an autosomal dominant transmission, so called Carney's Complex.

Atrial myxomas may be associated with single or multiple cerebral aneurysms, possibly through an embolic mural invasion process. Although neurologic deficits in patients with intracardiac masses may first resemble embolic strokes, delayed neurologic events owing to aneurysms after surgical treatment may ensue.

We present the case of an operated cardiac myxoma associated with a complex MCA fusiform aneurysm, aiming to discuss treatment options.

Clinical Case: 53-year-old man with past history of a nevus removal and a cardiac myxoma intervened 9 months before, presented to the ER with a first and self-limited generalized tonic-clonic seizure. Brain CT showed right parieto-occipital and left frontal hypodensities, highly suggestive

of previous strokes, as well as a tortuous, dilated and hyperdense left MCA, without signs of subarachnoid hemorrhage. CTA confirmed the presence of large fusiform dysplastic left MCA aneurysm, involving the superior and inferior M2 divisions, as well as M3 segments.

Conservative attitudes were adopted, with planned imagiological follow-up. The patient remained asymptomatic and seizure free for 1 month of follow-up, medicated with valproate sodium.

Discussion: In the presented case, the etiology of the fusiform aneurysm should include considerations about the past existence of a cardiac myxoma. Most importantly, the morphology and location of the aneurysm and its unknown clinical relevance represent a challenge for treatment decisions - with unusual and technically demanding alternatives for interventional approach, despite the aneurysm's size and possible symptomatic debut.

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