



POSTER

Atrial myxoma—benign, but not harmless

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Abstract

Introduction: The incidence of stroke in young adults is rising. Different risk factors and pathologies can be present, increasing the difficulty in etiological investigation. Clinicians have to suspect about cardiac and vascular abnormalities, diverging from usual risk factors such as hypertension, diabetes, smoking and hypercholesterolemia.

Clinical Case: A 37-year-old male, smoker, was assisted at the emergency room after an episode of presyncope and language disorder during a football game. He presented with tachycardia, normal blood pressure, and no changes on cardiac or pulmonary auscultation. On examination he had mild motor aphasia, minor motor deficit and hypoaesthesia on the right leg. Brain computer tomography (CT) scan and CT angiography were performed, but no lesions were found. A transthoracic echocardiography identified a

voluminous atrial mass (46x34mm) compatible with atrial myxoma, causing transmitral flow obstruction. The magnetic resonance imaging showed multiple ischemic lesions on the left medial cerebral artery territory, endorsing the possibility of cardioembolic aetiology. Surgical mass excision was performed. Histological examination confirmed the diagnosis. He recovered with no new symptoms or new lesions on brain CT scan after surgery. At the time of discharge, he still presented with minor aphasia.

Conclusion: Myxomas are the most common primary cardiac tumours, but still, they are rare. Although they are benign, they can have significantly clinical implications, with a heterogeneous clinical course depending upon the characteristics of the mass. Early identification and prompt surgical removal can prevent catastrophic complications.

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