eComment: Bilateral atrial myxoma

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diastolic phase. There was moderate mitral and tricuspid valve insufficiency and the mass in the left atrium was creating functional mitral stenosis as well. The patient was referred to the Cardiothoracic Centre in Istanbul and underwent an open heart procedure for the resection of both atrial myxomas with their base on the inter-atrial septum and repair of the inter-atrial defect with a ePTFE patch. The mitral insufficiency was treated with a Duran flexible annuloplasty ring, and the tricuspid valve with De Vega annuloplasty. The postoperative period was uneventful and the patient was free of any symptoms, with normal echocardiography findings during his follow-up.

References


eComment: Re: Surgical treatment of primary intracardiac myxoma: 19 years of experience

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We have examined the message from Samanidis and colleagues [1] with great interest. The Bakoulev Center has an extensive experience of more than 400 successful operations for heart tumor removal.

Myxomas are the most frequently encountered type of heart tumor. Seventy-five percent of myxomas are found in the left atrium, 20% are located in the right atrium, and 5% appear elsewhere [2]. It is worth mentioning that, according to our observations, the location of points of attachment of myxomas in the atria has been subject to some sort of evolution in recent times; previously the most common location (in about 90% of cases) for attachment of the stalk was the fossa ovalis region of the interatrial septum, but nowadays more and more myxomas are found attached to other areas. We even had a single case of giant tandem myxoma of left and right atria, which has been covered in Russian medical literature. The tumor consisted of two parts which measured 576 cm² in the right atrium and 252 cm² in the left atrium, protruding from the middle third of the interatrial septum. The tumor was successfully removed. We routinely perform coronary angiography in all patients aged 45 years and older, and have eight patients who received concomitant myocardial revascularization.

In addition to the above, we would also like to point out that, from our point of view, transthoracic echocardiography is sufficient to diagnose a myxoma, transthoracic echocardiography being necessary only in complicated cases where precise location of the point of attachment of the stalk of the myxoma is required.

References