Abstract: **P632**

A giant left atrium myxoma - the "sunday draft time bomb"

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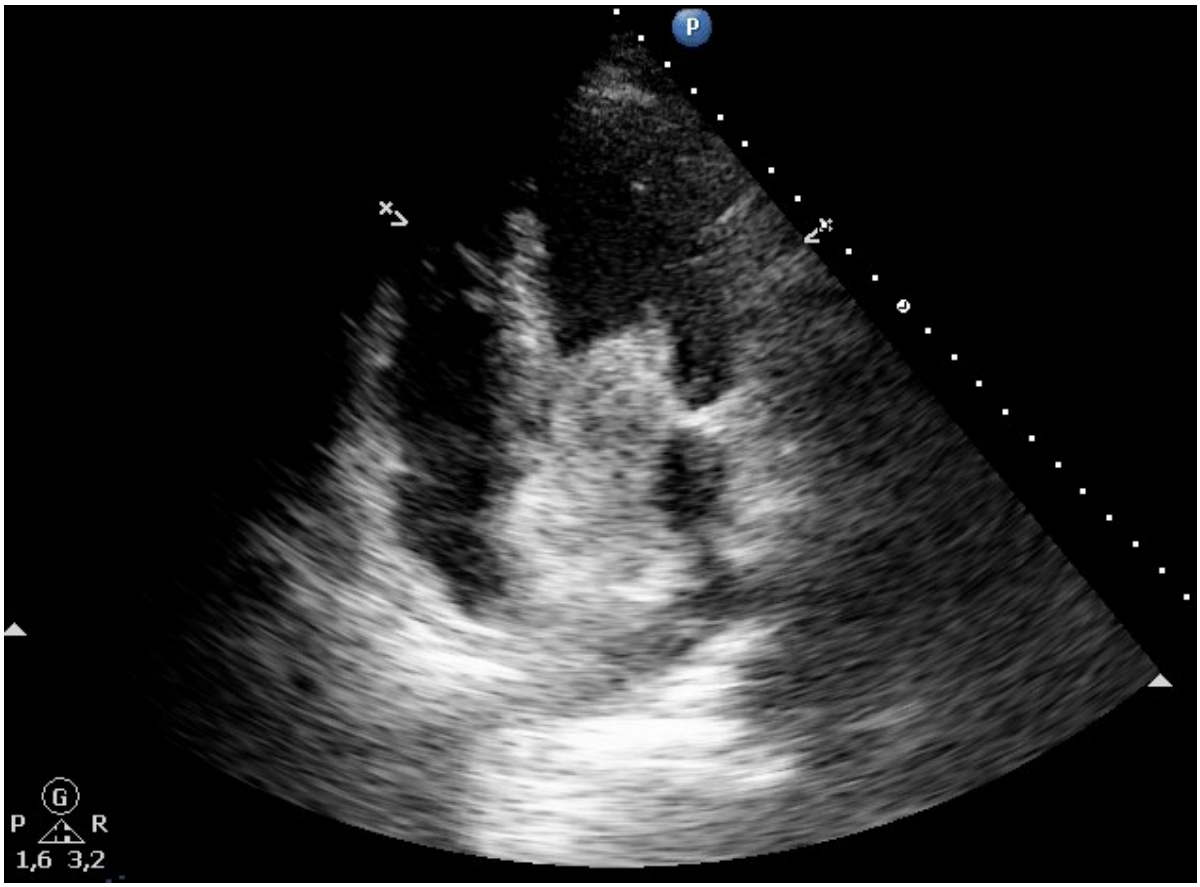
Introduction: Cardiac myxomas account for about 40% of primary cardiac tumors and affects mostly middle-aged females (65%), are most often single but can present in association with other solid tumors, as primary or secondary malignancies. Here we present an unusual case of giant left atrium (LA) myxoma in an old male presenting with an abrupt hypertensive pulmonary edema.

Case presentation: A 70-year-old retired electrician old male, with a medical history of strong smoking, arterial hypertension, family history positive for lung cancer, psoriasis, presented on a saturday night in our emergency room (ER) for sudden hypertensive pulmonary edema. He never passed a cardiac evaluation neither echocardiogram before. He had a 3-month history of inappetence, fatigue, weight loss and vague malaise, no other symptoms. Admission ECG showed frequent supraventricular ectopic beats, no ST alterations. Laboratory exams revealed NTproBNP of 391 pg/ml, high sensitivity troponin I 313 ng/L. Chest X-ray was indicative of massive pulmonary congestion. He was treated with diuretics, nitrates and non-invasive ventilation and then admitted on Sunday at 6 a.m. in our Intensive Cardiac Care Unit in stable conditions (normal arterial pressure and diuresis). Trans-thoracic echocardiogram revealed a preserved left ventricular (LV) systolic function, normal right chambers, a slight dilation
of left LA with an abnormal (8 x 3.5 cm) oblong mass, arising from fossa ovalis through mitral valve (under anterior leaflet) into the LV, consistent with a giant myxoma (figure 1). An urgent contrast thoracic CT scan confirmed dimensions and characteristics of the LA mass, with the incidental reporting of a neoplastic nodule of left lower pulmonary lobe, plus bilateral adrenal macro-adenomas. Due to the dimensions and the high embolic risk of the LA mass, the patient was immediately referred to heart surgeons to undergo surgical resection with cardiopulmonary bypass. Pathology revealed irregular lobulated soft mass measuring 10.5 x 7 cm. Postoperative course was uneventful.

Conclusions: We reported an unusual case of giant LA myxoma: our patient presented with a sudden hypertensive pulmonary edema, quite normal NT-proBNP and recent malignancy-related symptoms more than heart failure/mitral valve obstruction-related symptoms, so that we could not clearly date the growth of the LA mass. Furthermore, we incidentally confirmed that myxomas can present in association with other malignancies (lung and adrenal glands).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