**Case Presentation**

A 65 year-old female with a past medical history of hypertension and diabetes presented to her cardiologist’s office with symptoms consistent with progressive heart failure over an eight month period. A transthoracic echocardiogram done in the office demonstrated a normal-appearing mitral valve and normal left ventricular systolic function. Additionally, it also revealed a large left atrial myxoma (pictured above). The mass obstructed flow through the mitral valve, resulting in a mean valvular gradient of 18 mm Hg, consistent with mitral stenosis-like physiology. As a result of these findings, the patient was admitted to our institution for further evaluation. A transesophageal echocardiogram was performed for further assessment and showed a 6.7 x 4.6 cm homogenous mass which appeared to be attached by a stalk to the interatrial septum at the fossa ovalis. The patient subsequently underwent excision of this myxoma along with a patch repair of the interatrial septum. Postoperatively she was stable and discharged home six days later with surgical and cardiac follow-up.

**Discussion**

Benign myxomas are the most common tumors arising in the left atrium. Typically they are pedunculated and gelatinous in consistency with size varying from 1 to 15 centimeters. Cardiovascular manifestations largely depend on the anatomic location of the tumor, with 80% being found in the left atrium. Like our patient, ~70% of patients with left atrial myxoma suffer symptoms of heart failure, as well as syncopal episodes. Nearly 30% suffer from embolic events.¹

Once diagnosed, treatment involves prompt resection due to the risk of potential embolization and/or cardiovascular complications. Postoperative recovery is generally rapid.

**References**

1. Pinede L, Duhaut P, Loire R ;Clinical presentation of left atrial cardiac myxoma: A series of 112 consecutive cases. Medicine (Baltimore) 80;159-172,2001.

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[Figure 1. Transesophageal echocardiogram demonstrating a large 6.7 x 4.6 cm left atrial myxoma obstructing flow through the mitral valve.]