12-1-2009

Left atrial fibroelastoma.

Hitoshi Hirose  
Department of Surgery, Thomas Jefferson University, Hitoshi.Hirose@Jefferson.edu

Iwao Matsunaga  
Departments of Cardiothoracic Surgery, Drexel University College of Medicine

Waquas Anjun  
Departments of Cardiothoracic Surgery, Drexel University College of Medicine

Joseph A Whitten  
Departments of Pathology, Drexel University College of Medicine

Fernando U Garcia  
Departments of Pathology, Drexel University College of Medicine

See next page for additional authors

Let us know how access to this document benefits you
Follow this and additional works at: https://jdc.jefferson.edu/surgeryfp

Part of the Surgery Commons

Recommended Citation
Hirose, Hitoshi; Matsunaga, Iwao; Anjun, Waquas; Whitten, Joseph A; Garcia, Fernando U; and Strong, Michael D, "Left atrial fibroelastoma." (2009). Department of Surgery Faculty Papers. Paper 53.  
https://jdc.jefferson.edu/surgeryfp/53
Left Atrial Fibroelastoma

Hitoshi Hirose, MD, FACS,1 Iwao Matsunaga, MD,2 Waquas Anjun, MD,2
Joseph A. Whitten, MD,3 Fernando U. Garcia, MD,3 and Michael D. Strong III, MD2

We describe a 67-year-old man with a history of stroke who was found to have a mass at the left atrial ridge, at the free wall of the left atrium between the left atrial appendage and the pulmonary vein. The mass was removed surgically and pathological analysis showed fibroelastoma. A literature search showed that fibroelastoma in the left atrial ridge frequently causes embolic stroke. (Ann Thorac Cardiovasc Surg 2009; 15: 412–414)

Key words: cardiac tumor, fibroelastoma, stroke, left atrium

Introduction

Fibroelastoma is the second most common benign cardiac tumor, following myxoma. Fibroelastoma usually originates from the cardiac valve and rarely from the left atrium. We describe a patient in whom a stroke that was originally attributed to a left atrial thrombus was later proved to be due to a left atrial tumor. Pathological examination showed a fibroelastoma. A literature review showed that only 15 cases of left atrial fibroelastoma have been reported in the English-language literature.1–15 Sixty percent of the patients in whom left atrial fibroelastoma regardless its location has been reported experienced a stroke. All of those in whom fibroelastoma occurred at the left atrial ridge, at the free wall of the left atrium between the left atrial appendage and the pulmonary vein, presented with acute stroke or had a history of stroke.

Case Report

A 67-year-old man who had had coronary artery bypass grafting 7 years earlier presented to a private cardiology office prior to knee surgery. Three years before his office visit, he had a stroke that caused left hemiplegia. An echocardiogram at that time showed “left atrial thrombus.” He was treated with anticoagulation therapy. He recovered fully from the stroke and has remained symptom-free. An echocardiogram done in the cardiology office again showed a left atrial mass, which required a cardiologist’s attention. Retrospective examination of the echocardiograms showed that the left atrial mass had not changed in size or characteristics for 3 years despite anticoagulation therapy. Thus a left atrial tumor was diagnosed, and the patient was referred to us for its surgical excision.

Preoperative catheterization showed that all the grafts were patent (a graft of the left internal mammary artery to the left anterior descending artery, a saphenous vein graft to the obtuse marginal artery, and another saphenous vein graft to the posterior descending artery). A transesophageal echocardiogram showed a “hand waving” 10 x 10 mm left atrial mass originating from the left atrial ridge, which is the bridging zone of the left atrial free wall between the left atrial appendage and the left superior pulmonary vein (Fig. 1).

The patient was taken to the operating room for resection of the left atrial mass. Under cardiopulmonary bypass, the left atrium was explored via a right-sided left atrial approach. A tumor was located at the posterior free wall...
of the left atrium between the left atrial appendage and the left superior pulmonary vein. The mass was resected from the atrial wall without causing any defect. The surgical specimen was coated with gelatinous structure, and its tentative gross diagnosis was myxoma (Fig. 2). The post-operative course was uneventful, and the patient was discharged 10 days after surgery. A pathological examination of the specimen showed fibroelastoma (Fig. 3).

Discussion

Fibroelastoma is a benign cardiac tumor, most commonly found at the endocardium at the cardiac valves. A sea-anemone-like structure consisting of collagenous papillary fronds covered by endothelial cells is a specific pathological feature of this tumor. Although a fibroelastoma is benign, because it is friable and frequently presents at the cardiac valves, it has been known to cause embolization of the coronary or cerebral arteries and can result in devastating complications, such as myocardial infarction or stroke. Most fibroelastomas are found incidentally during routine echocardiography, catheterization, cardiac surgery, or autopsy. More than 50% of patients with symptomatic fibroelastomas, however, eventually have a cerebral vascular accident. Stroke secondary to fibroelastoma may occur from the fragile tumor itself or from a thrombus formed over the tumor.

The most common tumor in the left atrium is a myxoma; it is rare for fibroelastoma to occur at the left atrium without relation to the mitral valve. The thrombus covering the fibroelastoma can cause it to be confused with myxoma, as previous reports have shown. Thrombus over the fibroelastoma can be easily washed off, however, by immersing the tumor in normal saline. Once this is accomplished, the sea-anemone-like structure specific to fibroelastoma usually becomes obvious.

A survey showed that only 15 cases of left atrial fibroelastoma have been reported in the English-language literature (Table 1). Patient age varied from 47 to 84 years, and sex distribution was equal. Cerebral vascular accident was the presenting symptom in 8 cases; another 6 cases...
were diagnosed incidentally from echocardiograms. Seven of 15 left atrial fibroelastomas (47%) were found at the atrial ridge; 6 (40%) were in the appendage; 1 (6.7%) was in the free wall; and 2 (13%) were in the septum. Tumor size varied from 8 to 20 mm. All of the patients in whom fibroelastomas were found in the left atrial ridge had a history of cerebral vascular accident.

Fibroelastomas originating from the left atrial ridge have a high tendency to cause stroke. Surgical removal is indicated as soon as the tumor is found.

References


