

Görüntülü olgu örnekleri

Case images

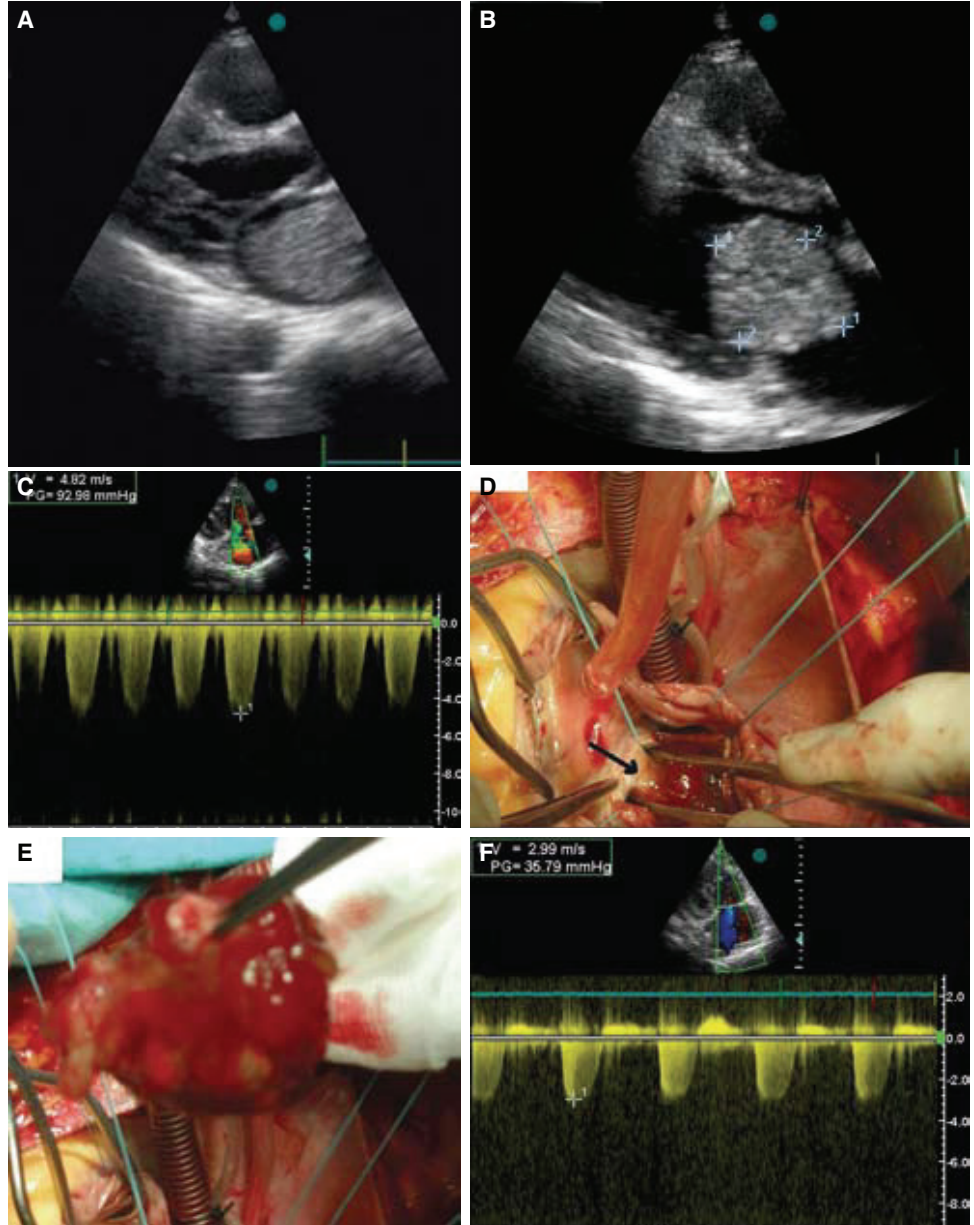
Large left atrial myxoma causing severe pulmonary hypertension

Ciddi pulmoner hipertansiyona yol açan büyük sol atriyum miksoması

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A 35-year-old male patient with known schizophrenia was admitted with dyspnea and fatigue of nearly two-month history. On physical examination, there was an additional heart sound which was not clearly identified. Transthoracic echocardiography (TTE) was performed and it revealed a large left atrial mass, 4.0 x 3.2 cm in size, that prolapsed into the left ventricle in diastole (Fig. A, B). Peak pulmonary artery pressure was estimated as 98-103 mmHg from mild tricuspid regurgitation (Fig. C). He underwent complete excision of the mass on the same day (Fig. D, E). On control TTE three days later, estimated peak pulmonary artery pressure decreased to 40-45 mmHg (Fig. F). Histopathological diagnosis was left atrial myxoma.



Figures. Parasternal long-axis echocardiography images presenting a large left atrial mass (A) almost completely occupying the left atrium and (B) prolapsing into the left ventricle in diastole. (C) Peak pulmonary artery pressure was estimated as 98-103 mmHg before surgery. (D) Large mass filling the left atrium and its pedicle (arrow) attached to the interatrial septum. (E) Completely excised mass. (F) Peak pulmonary artery pressure was estimated as 40-45 mmHg after surgery.