

Neovascularization of floating myxoma clearly depicted on angiograms

Although myxoma is a rare benign tumor, it is the most common benign tumor of the heart. It is predominantly observed in the left atrium (LA). A 38-year-old male patient was admitted to our clinic with exertional dyspnea. Transthoracic echocardiogram revealed a mass in the LA, and transesophageal echocardiogram confirmed a 16- x 17-mm sized, spherical-shaped mass in the LA (Fig. 1, Video 1). The patient had history of diabetes mellitus and hyperlipidemia. He underwent coronary angiography to exclude coronary artery disease. Coronary arteries were observed to be normal. However, angiography showed that the myxoma was opacified with contrast. The myxoma was neovascularized with the distal circumflex artery. The vascular blush of the tumor was clearly indicated on coronary visualization (Fig. 2, Video 2, 3). The mass was histopathologically proven to be a myxoma (Fig. 3, 4).

Video 1. Transesophageal echocardiographic imaging of the left atrial myxoma.

Video 2, 3. Cine coronary angiographic imaging indicating neovascularized myxoma at the distal end of the circumflex artery.

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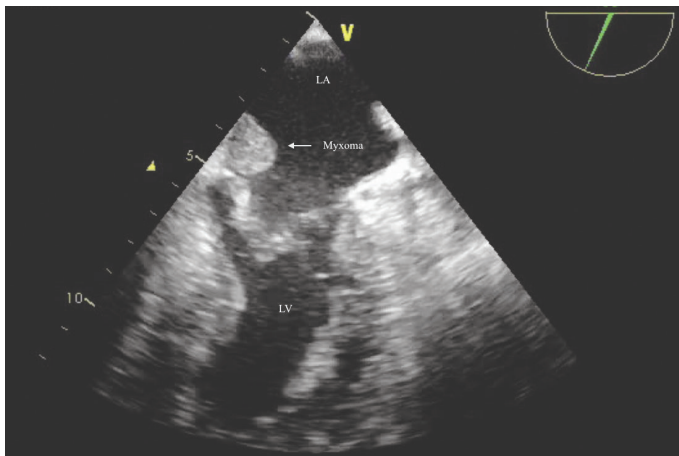


Figure 1. Left atrial myxoma indicated by a white arrow on a transesophageal echocardiogram

LA - left atrium; LV - left ventricle

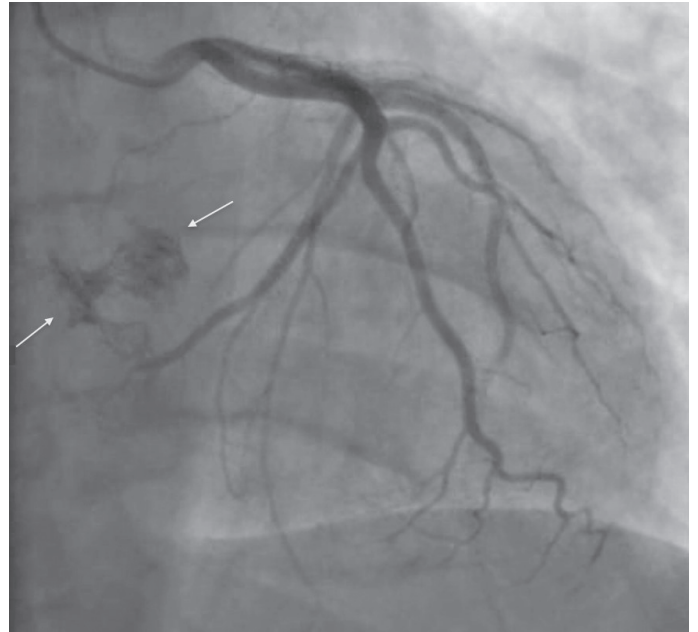


Figure 2. Coronary angiography showing myxoma (white arrows) with its blood supply from the circumflex artery

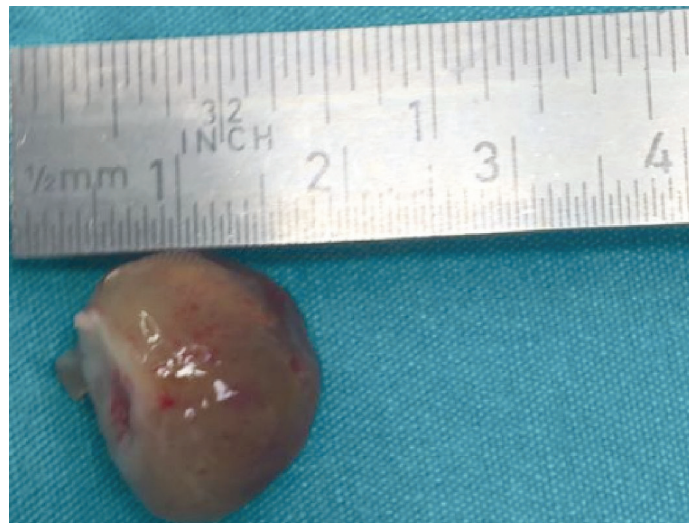


Figure 3. The mass extracted from the left atrium pathologically shown to be a myxoma

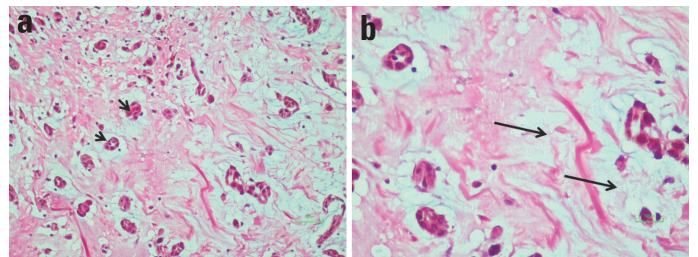


Figure 4. A hypocellular tumor comprising a myxoid stroma (arrow) with areas of increased vascularity (arrowhead); histopathologically compatible with myxoma (hematoxylin-eosin, a: 200x, b: 400x)