

CASE IMAGE

Acute coronary syndrome accompanying transient ischemic attack: an unusual presentation of myxoma

Transient iskemik atağın akut koroner sendroma eşlik ettiği sıradışı bir miksoma prezentasyonu

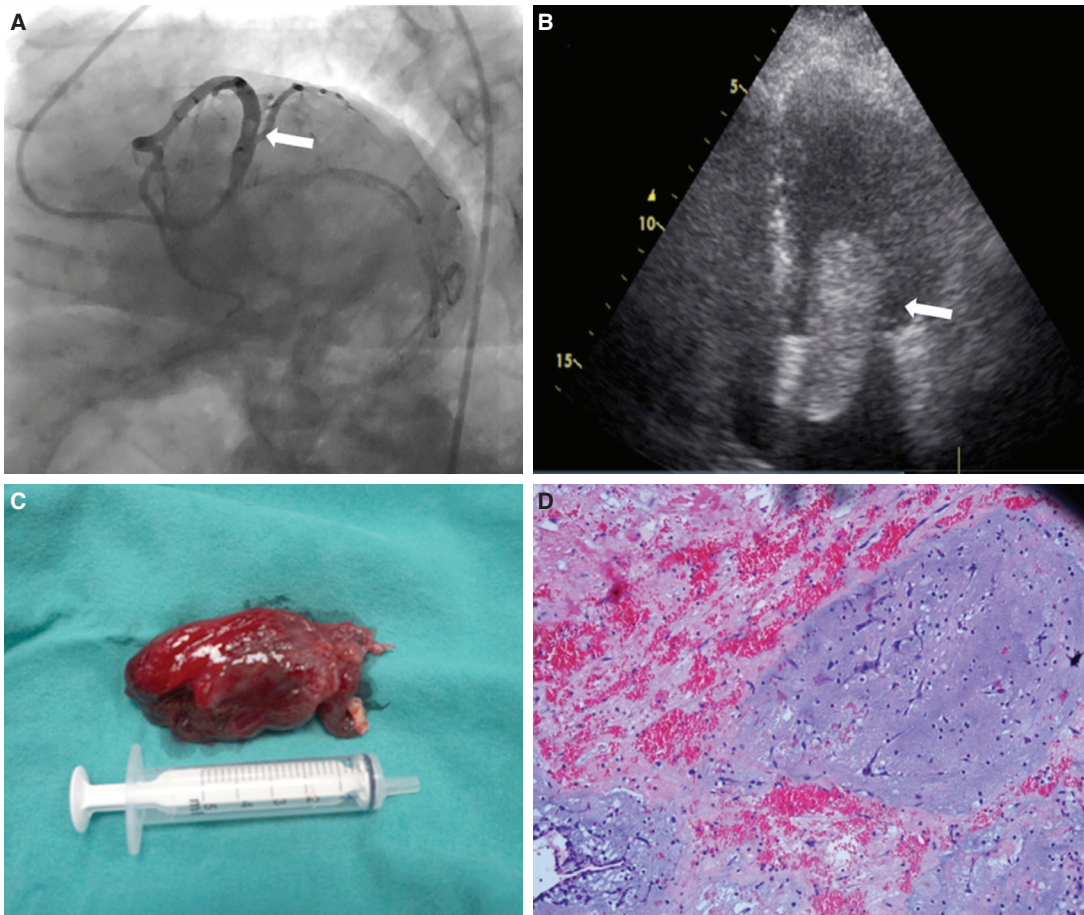
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A 62-year-old-woman presented at the clinic due to an episode of weakness in the left upper extremity accompanying a squeezing-type of chest pain and vertigo lasting for 3 hours that had occurred 3 days prior.

At admission her temperature was 37.3°C and blood pressure was 130/90 mmHg. Electrocardiography demonstrated atrial fibrillation. Cardiac troponin I level was elevated in laboratory analysis (7.303 pg/dL). A cauliflower-shaped mass 52x27mm in diameter with irregular borders

originating from the left atrial side of the interatrial septum and moving toward the left ventricle was observed on transthoracic echocardiography (Figure A, B Video 1*). Coronary angiography revealed a mobile thrombus located in the proximal left anterior descending coronary artery (Video 2*). Acetylsalicylic acid, clopidogrel, low-molecular-weight heparin, and metoprolol were administered to the patient. Resolution of the thrombus was seen in a control coronary angiography 48 hours later. The patient underwent surgery 2 weeks later and the mass was successfully excised. An organized thrombus resting on the myxoma was evident in the pathology specimen (Figure C, D).



Figures– (A) Arrow indicates the thrombus, located in the proximal left anterior descending coronary artery. (B) Arrow shows the mobile mass originating from the left atrium and moving toward the left ventricle during diastole. (C) Surgical specimen of the excised mass. (D) Pathology specimen of the mass. *Supplementary video files associated with this presentation can be found in the online version of the journal.