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IMAGES IN CARDIOLOGY

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Prolapsing left atrial myxoma causing severe pulmonary hypertension: dynamic echocardiographic and magnetic resonance imaging

A 63-year-old man presented with a 12 month history of increasing dyspnoea and lethargy. Transthoracic echocardiography (Philips IE33, The Netherlands) demonstrated a 6.2 × 3.9 cm mobile hyperechoic lesion within a dilated left atrium (panel A). This lesion occupied most of the left atrium and could be seen to be prolapsing into the left ventricle in diastole (panel B and supplemental video; to view video footage visit the *Heart* website—<http://www.heartjnl.com/supplemental>). Associated with this, moderate tricuspid regurgitation, a dilated right ventricle and notably elevated right ventricular systolic pressures (120 mm Hg) were also demonstrated. Dynamic magnetic resonance imaging (Siemens Symphony 1.5T, Germany) showed the lesion to be attached to the interatrial septum in the region of the foramen ovalis with a 2 cm pedicle (panel C) and to be prolapsing into the mitral valve orifice during valve opening, almost completely occluding the orifice and only allowing a small turbulent jet of blood into the left ventricle (panel D and supplemental video). The lesion was closely associated with but not adherent to the mitral valve leaflets and the pulmonary veins were not obstructed. Surgical excision of the lesion and postoperative recovery were uncomplicated, and associated with almost complete resolution of the pulmonary hypertension (38/18 mm Hg). Histological analysis of the lesion demonstrated typical microscopic features of a benign atrial myxoma. At two-month follow-up the patient remained well and postoperative echocardiography confirmed complete removal of the lesion with no residual atrial septal defect and good biventricular function.

Two dimensional echocardiography demonstrating hyperechoic left atrial lesion (A) attached to the interatrial septum in the region of the fossa ovalis and occupying the majority of the left atrium in systole, and (B) prolapsing into the left ventricle almost completely obstructing left atrial outflow in diastole.

Dynamic cardiac magnetic resonance images using a steady state free precession sequence (SSFP). (C) The left atrial mass is attached to the interatrial septum with a 1–2 cm pedicle and is close to but not attached to the mitral valve. (D) The mass prolapses into the mitral valve orifice during valve opening, only allowing a small turbulent jet of blood into the left ventricle in diastole.

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