Figure 1 Multivariate risk ratio: clinical predictors of major cardiac events. MWT, maximal wall thickness; NSVT, non-sustained ventricular tachycardia.

implication is the low predictive value of HRV in risk stratification of children and young patients with HCM.

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IMAGES IN CARDIOLOGY

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Atrial myxoma

A 60-year-old previously healthy woman presented with fever and constitutional symptoms for 2 weeks. Initial cultures were negative. Blood investigations showed increased erythrocyte sedimentation rate. Chest x ray showed cardiomegaly with pulmonary congestion. Echocardiogram (panel A) showed a large cystic mass protruding from the left atrium into the left ventricle, causing diastolic obstruction of mitral inflow. The patient underwent emergency surgery to remove the mass. Operative findings showed a well-circumscribed and lobulated mass inside the left atrium with a pedicle attached to the interatrial septum opposite the fossa ovalis. Sectioning of the gross specimen (panel B), which measured about 4.0×3.0 cm, showed multiple large cysts filled with thin haemorrhagic fluid and solid blood clot surrounded by soft gelatinous tissue. Histological examination of the specimen showed abundant hyaline and myxoid stroma containing small groups of tumour cells, compatible with the diagnosis of atrial myxoma.

Intracardiac myxoma is the most frequent benign tumour of the heart, with the majority located in the left atrium. Most patients are aged 30–60 years, with female preponderance observed. As shown by this case, they often present with one or more effects of a triad of constitutional, obstructive and embolic manifestations, although some are completely asymptomatic.

Surgical excision of myxomas usually yields excellent long-term results.

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