Research Article: Journal of Thoracic Disease and Cardiothoracic Surgery

Delayed diagnosis of giant cardiac myxoma with atypical clinical presentation: when we don't see what we don't look for.

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Received: June 19, 2024; **Accepted:** June 28, 2024; **Published:** July 05, 2024.
Citation: Scopetani Giulia, Aminfar Farhang.2, Kirsch Matthias1 (2024). Diseases as a legacy of the Great Oxidative Event, or how mitochondria became pathogenic and sweating became healing. Journal of Thoracic Disease and Cardiothoracic Surgery, 5(6); DOI: 10.31579/2693-2156/114

Abstract:
Myxomas are the most common cardiac benign tumours, and usually presented with an embolism phenomenon. We describe the case of a 49-year-old female patient with an unusual clinical presentation of a left atrial myxoma, which delayed the diagnosis and management.

Keywords: cardiac tumours; delayed diagnosis; myxoma; dyspnea; coug

Introduction:
Primary cardiac tumours are infrequent, with a prevalence between 0.01 to 0.03%. Myxomas are the most recurring of these tumours and represent over 75%. Due to their mobile nature, myxomas can prolapse and cause embolisms, obstacles of intracardiac orifices or systemic manifestations associated with cytokine discharge [1]. We present the case of a 49-year-old female patient with an exceptional clinical presentation of a left atrial myxoma.

Case Report:
A 49-year-old healthy female patient reported persistent dry cough for two years without associated dyspnea. She underwent multiple investigations, including antacid therapy, gastroscopy (no gastroesophageal reflux disease identified) and a pulmonary follow-up. Bronchodilators were introduced for allergic asthma without any improvement noted. Thus, non-contrast thoracic CT scans were performed in December 2022 and April 2023 without identifying a pulmonary lesion. After two years, the patient progressively developed dyspnea on exertion and trans-thoracic echocardiography was performed. A large atrial mass with an interatrial pedicle was identified, and the patient was addressed for surgical excision of the suspected myxoma. Retrospective analysis of the CT scans identified the hypodense left atrial lesion on both exams. After median sternotomy and through a right atrial approach with a *fossa ovalis* incision, we successfully resected a 9x6 cm pedunculated mass (Figure 1). The inter-atrial septum was reconstructed with a pericardial patch. Histopathology confirmed the presumed diagnosis of myxoma, and the patient was discharged five days later, remaining free of any symptoms six months later.

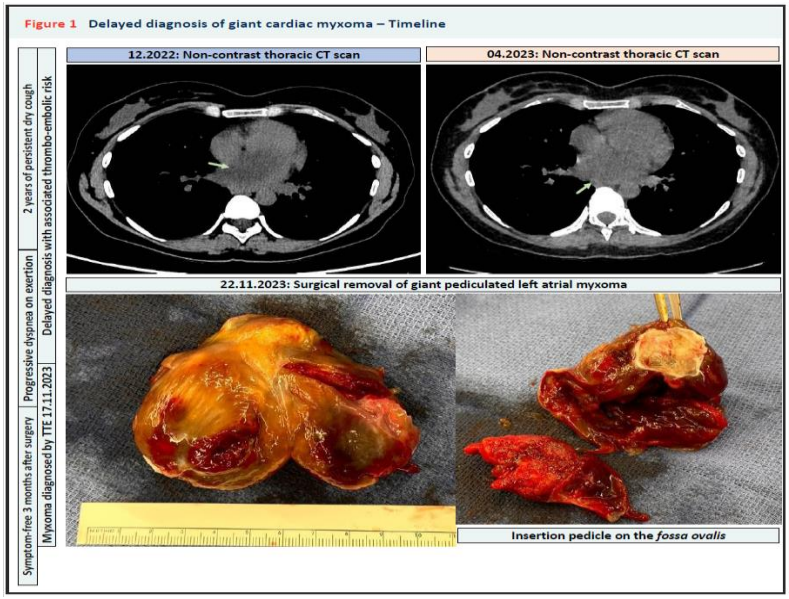

Figure 1: Delayed diagnosis of giant cardiac myxoma – Timeline
Green arrows point to the mass in the left atrium, of lower density than the blood, suspect of a myxoma but missed twice because of the atypical clinical presentation with isolated dry cough.

Conclusion:
This first case of myxoma presenting with dry cough for two years without dyspnea misled the initial investigations and the differential diagnosis. Thus, the patient remained symptomatic and was exposed to significant thrombo-embolic risks associated with the myxoma [2]. Besides, noticing the myxoma with non-contrast thoracic CT scans in isolated dry

coughing was more challenging. Therefore, we encourage clinicians to actively seek myxoma in case of persistent dry cough without pulmonary aetiology and rapidly proceed to echocardiography if suspected

Ethical Statement:

Patient consent was obtained.

Conflict of Interest Statement:

Authors have nothing to disclose about commercial support.

Data Avaibility Statement:

There are no new data associated with this article.

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