A case of isolated giant right atrial myxoma manifested by syncopal attacks

A 65-year-old female patient had been diagnosed as congestive heart failure and medication was started. After three months she was admitted to our department, with complaints of syncopal attacks on mild exertion. Her pulse and blood pressure were normal on admission. Physical examination revealed arrhythmia. On cardiac auscultation, a diastolic murmur of grade 1-2/6 maximal at the lower left sternal border was heard. There was mild edema in lower extremities. All other organ systems were normal. Electrocardiogram revealed atrial fibrillation and the chest X-ray film demonstrated an enlarged cardiac silhouette. Transthoracic echocardiography (TTE) demonstrated a giant mass in the right atrium 6.3x5.2 cm in diameter which was immobile, clearly separated from atrial septum (Fig. 1). Hemoglobin was 10.7 g/dl; and erythrocyte sedimentation rate was 105 mm/h. Other hematological and biochemical laboratory tests were within normal limits. Magnetic resonance imaging of the coronal section (no contrast agent was used) showed a hypointense mass filling the right atrium (Fig. 2). The etiology of the patient’s syncopal attacks was possibly intermittent obstruction of tricuspid valve by this large tumor. Surgery was performed and the mass was removed. Macroscopic appearance revealed myxoma (Fig. 3) which was confirmed with microscopic evaluation. The patient was stable postoperatively. She was discharged two days later. Three months after surgery, the patient was doing well without any symptoms and her TTE was normal.