

IMAGE FOCUS

Focal Atrial Tachycardia as Presenting Feature of Left Atrial Myxoma

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A 54-year-old woman with no significant past medical history was referred from a district hospital to our tertiary cardiac center for further management of a large echogenic mass in the left atrium (LA). She had a history of frequent palpitations and dyspnea for the past 2 months, and was hemodynamically stable on arrival. Chest X-ray showed cardiomegaly. An initial 12-lead electrocardiogram showed normal sinus rhythm. Transthoracic echocardiography showed normal left ventricular size and function. An echogenic mass measuring 7.3 cm × 3.4 cm attached to the interatrial septum, prolapsed in and out of the mitral valve, and almost caused an obstruction (Figure 1). There was mild tricuspid regurgitation with a pressure gradient of 64 mmHg. While in the ward waiting for surgery, she experienced recurrent episodes of sudden tachycardia that terminated spontaneously and with intravenous adenosine. An electrocardiogram during palpitation revealed supraventricular tachycardia with a long RP interval consistent with focal atrial tachycardia (AT), as shown in Figure 2. The mass was successfully removed and the pathological evaluation confirmed a myxoma. The postoperative course was uneventful and the patient was discharged in stable condition. She did not have palpitations and has remained asymptomatic at 6 months of follow-up. The patient agreed to the publication of her data, and the publication was approved by the institution's ethics committee.

Cardiac myxomas are benign neoplasms predominantly arising from the LA.¹ Clinical presentation in patients is typically variable, ranging from no symptoms to mitral valve obstruction and embolic manifestations.² Electrocardiographic abnormalities are also variable and mostly nonspecific. Although rare, several cases showed that atrial arrhythmias, such as atrial fibrillation or flutter, may also be identified in patients with atrial myxoma;² however, in this case, it presented unusually as recurrent focal AT which completely disappeared after surgical removal of the myxoma. Our case highlights the significance of recognizing focal AT as one of the presenting features of LA myxoma.

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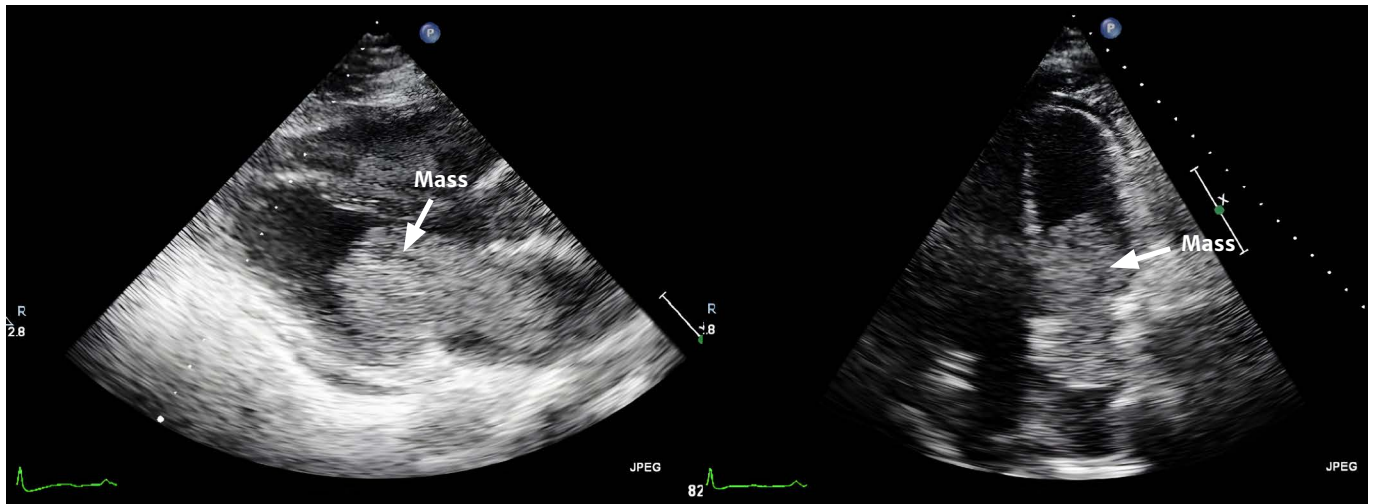


FIGURE 1. Parasternal long axis and apical 4-chamber view on transthoracic echocardiogram showing echogenic left atrial mass prolapsing through the mitral valve

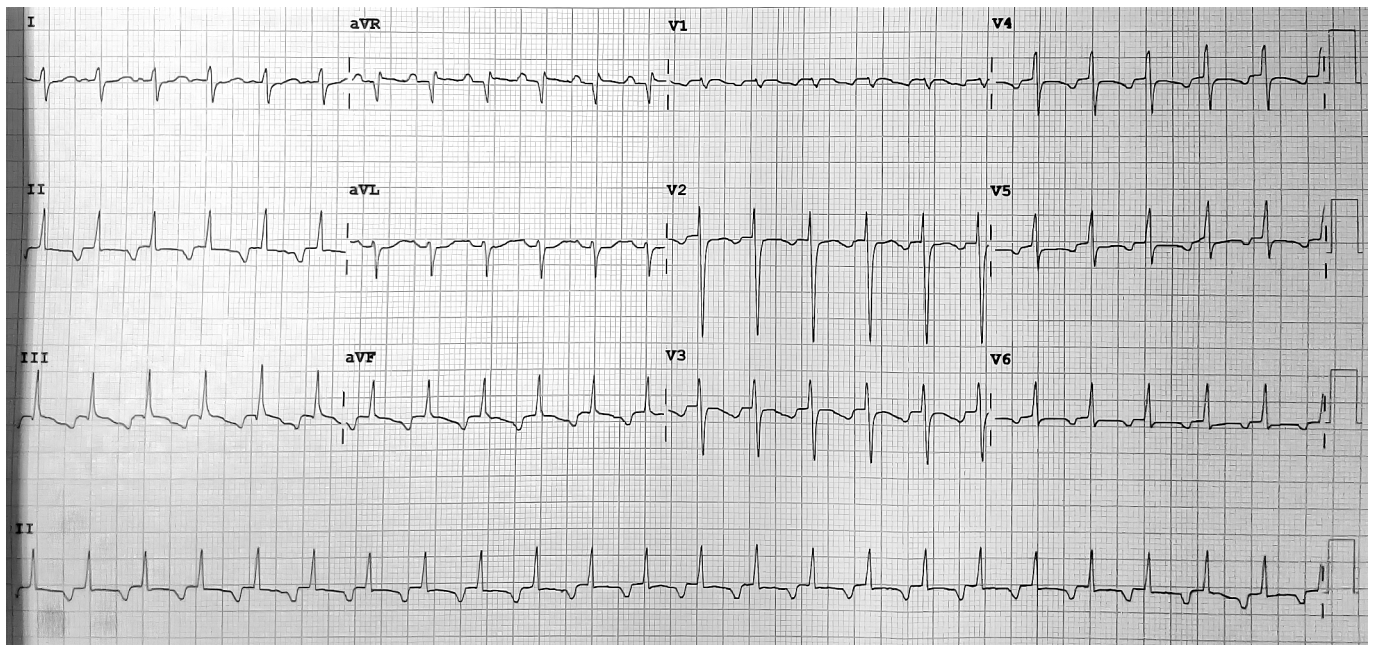


FIGURE 2. Electrocardiogram during palpitation revealed focal atrial tachycardia

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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