Atrial Myxoma

1. Describe the condition

Atrial Myxoma

Gelatinous tumour of the heart, typically seen in the atrium, associated with heart failure but also a panoply of systemic consequences including fever, and embolization.

# Incidence, Age, Sex, Geography

It is a rare tumour.

Females are more susceptible than males. It is typically a disease of middle age but this is by no means absolute. Geography is not a factor.

# Aetiology, and Pathology

Most atrial myxomas may be:

1. Sporadic (*most*)
2. Familial (*a minority; maybe 10%*)

They are gelatinous, pedunculated tumours, typically found in the atria. Most are benign a solitary. They affect the left atrium more commonly than the right atrium.

## Consequences of a myxoma

1. **Local***These are due to direct effects of the tumour on their local environment:*
   1. Obstruction of blood flow (*and prolapse though the AV valve*)
   2. Atrial dilation
   3. Damage to the associated valve leaflets
2. **Systemic**  
   *These are consequences of the friable, intravascular nature of these tumours; the exact effect depends on histology, location, and the presence of left-right shunting:*
   1. Emboli (*pulmonary or systemic*)
   2. Fever (*classic, if rare, cause of PUO*)

# Symptoms & Signs

Most symptoms of atrial myxoma have many more important causes and the classical physical signs are often absent.

However, a typical picture might be:

1. Dyspnoea, usually with the characteristics of heart failure
2. Oedema
3. Dizziness or syncope (*classically positional*)
4. Systemic sequalae:
   1. Emboli
   2. Fever

The systemic features may be the presenting problem.

On examination:

1. Heart failure
2. Mitral regurgitation (*from the leaflet damage*)
3. Odd diastolic noise (*classically called the “tumour plop”*)
4. Stigmata of emboli
5. +/- fever

# Tests

An echo is diagnostic.

Various other markers are often abnormal, these are usually only assessed if connective tissue disease or endocarditis has been suspected in a non-specific presentation:

1. ESR often raised
2. Anaemia (*various pictures – may be inflammatory, or haemolytic*)

# Management & Prognosis

Medical care is symptomatic. Surgical resection is curative. Recurrence is uncommon.

Prognosis is good following excision. Excision is wise as there is a significant rate of sudden death (*presumably from obstruction*) and morbidity from emboli.

# References

1. Davidson’s Principles and Practice of Medicine; 22nd Edition; pp541-542
2. Atrial Myxoma; Medscape; (<https://emedicine.medscape.com/article/151362-overview>; accessed 13/6/2018)