

Left atrial myxoma with severe pulmonary hypertension in young girl

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17 year old girl presented to hospital with history of high fever and worsening of shortness of breath which she had for 3 months. On examination she had a pan systolic murmur best heard at apex, elevated JVP and a mild tender hepatomegaly was found. ECG was normal and CXR showed biatrial dilatation and pulmonary congestion. transthoracic 2D echocardium followed by TOE performed and showed EF> 50% dilated LA with large LA myxoma with a central hypoechoic area measuring 32mm x 60 mm. it is attached to IAS and highly mobile. There was grade II MR. There is significant TR with TRPG of 94mmHg with severe pulmonary hypertension. RA,RV mildly dilated and TAPSE 15. Patient underwent surgical excision of left atrial myxoma next day. on day 2 post surgery TRPG was 28mmHg.The cause of pulmonary hypertension in left atrial myxoma patients is due to mitral stenosis like pathology of the myxoma. Pulmonary arterial hypertension in these patients were also explained by rise in IL-6 in patient with atrial myxoma. It has shown that IL-6 is a valuable biomarker. Right sided myxomas are rare to develop pulmonary hypertension but it has been described. The cause of pulmonary hypertension in these patients are mostly due to chronic micro thromboembolic phenomenon of the tumour and associated with cytokines such as IL-6 directly entering the pulmonary circulation. Because the pulmonary hypertension in right heart myxoma caused by a chronic change in the lung vasculature, pulmonary hypertension may not resolve after resection of tumour but usually it does in left atrial myxomas.

Biography: I Dr. Mohomed Junaideen Mohomed Nawshad (MBBS, MD, MRCP, DTCD) currently working as a Senior Registrar in Cardiology at National Hospital kandy, Sri Lanka

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Session name/ number:26th World Cardiology Conference- Bangkok, Thailand
Category: (Oral presentation/ Poster presentation)