Left atrial cyst in a young Filipino Adult, an unusual presentation of mitral valve prolapse: A Therapeutic Challenge

ABSTRACT

Introduction. A 20 year-old male previously asymptomatic came in with a year's history of heart failure symptoms. On PE a MR murmur was heard at the apex. ECG showed sinus tachycardia, LA abnormality and LVH. CXR showed cardiomegaly with congestion. The initial impression was VHD probably rheumatic with MR versus Viral myocarditis. An initial echocardiogram showed an unusual cystic mass in the left atrium. Literature search reported only 10 cases of blood cysts similar to the intial echocardiographic finding among young adults[1]. A more detailed review of the echocardiogram unmasked MVP causing severe MR as the etiology of the apparent cystic mass. Unfortunately the patient resorted to alternative medicine because of repeated admissions without significant improvement, notwithstanding; this is clearly correctible with Surgery.

Case Description: It is important for clinicians to discern the predominant hemodynamic effect of the mass. An LA mass more commonly due to myxoma has an obstructive physiology and needs to be resected. On the other hand, thrombus formation needs to be anticoagulated. **Discussion:** This rare 'cystic mass' presents a medical dilemma because of varying etiology; hence different approach to management. A meticulous 2d echo still may remains to be a useful tool in unusual cystic masses. In our case, knowing that primary pathology is the MR rather than an MS physiology makes treatment unequivocal.

Key words: Mitral Valve Prolapse, Atrial Myxoma, Rheumatic Heart Disease, Blood cyst

References:

1. Dencker, MD, PhD et al. Bileaflet Blood Cysts on the Mitral Valve in an Adult Magnus. *Journal of the American Society of Echocardiography* September 2009, 1085.e6