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The palpitations that thumped us all: The finding of an Atrial Mass

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Introduction
- Primary cardiac tumors (PCT), while mostly benign, are extremely rare.
- Approximately 50% of these benign tumors are atrial myxomas with predominance in the right atrium.
- Papillary fibroelastomas (PFE) are the second most common type of primary cardiac tumor, but the most common type of cardiac valve tumor.
- These tumors typically arise on the surface of the aortic and mitral valves.
- Generally, PFE are diagnosed incidentally and though many are asymptomatic they may still warrant surgical intervention.

Case Presentation
- A 74-year-old Caucasian female with no significant cardiac history presents to the Emergency Department (ED) for complaints of chest pain, palpitations, and dyspnea.
- States she was woken suddenly with left sided, sharp, continuous, non-radiating, 10/10 chest pain lasting several hours without any aggravating or relieving factors.
- She reports it felt like her “heart was fluttering.”
- Associated symptoms include recent lower extremity edema.

Review of Systems: Chest pain, dyspnea at rest with episodic palpitations

Physical Exam: Vitals normal, no JVD, regular rate and rhythm with no murmurs, and no lower extremity edema

Laboratory Evaluation
- Troponins: negative
- Electrocardiogram: normal sinus rhythm with known right bundle branch block
- Myocardial Perfusion: no inducible ischemia

Diagnostic Imaging/Pathology
- Figure 1. TTE: mobile mass on the right atrial (RA) aspect of the posterior leaflet with the appearance consistent with a tumor versus thrombus and ejection fraction within normal limits.
- Figure 2. TEE: RA myxoma with stalk in septum and prolapsing against the tricuspid valve.

Pathology Report: Three semi-translucent gelatinous blobs measuring 0.5, 0.6, and 1.0 centimeter were excised. Consistent with a papillary fibroelastoma with no atypia identified.

Clinical Course
- Cardiothoracic surgery (CTS) evaluated patient for possible removal of the atrial mass.

Cardiology performed cardiac catheterization, in the event that surgical resection was indicated, which showed no significant coronary artery disease.
- Prior to pursuing surgery, the patient reported resolution of chest pain and only reported intermittent episodes of palpitations with no events on cardiac monitoring.
- Resection of right atrial mass was ultimately performed by CTS via aspiration thrombectomy.
- Patient tolerated procedure well and was discharged home symptom free.

Discussion
- Right sided PCT commonly presents with symptoms of right heart failure or pulmonary embolism.
- Chest pain and palpitations are uncommon presentations.
- Presentation is usually tumor location-dependent not tumor type-dependent.
- This case highlights that in general, primary cardiac tumors are benign, asymptomatic, and though usually discovered incidentally on echocardiogram, they should be considered for prompt surgical resection.
- Reports indicate that even asymptomatic PFE can lead to life-threatening complications like myocardial infarction, stroke, pulmonary embolus and sudden cardiac death.

References

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