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

Carolyn Falk-Tran, DO; Gurman Sandhu, MD; Daniel Robitshek, MD, FACP; Tejas Raiyani, MD, FACP

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

| | | | | |
|------|-----|-----|----|------|
| 13.6 | 142 | 110 | 11 | 88 |
| 4.9 | 251 | 4.2 | 23 | 0.72 |
| 37.7 | | | | |

Diagnostic Imaging/Pathology

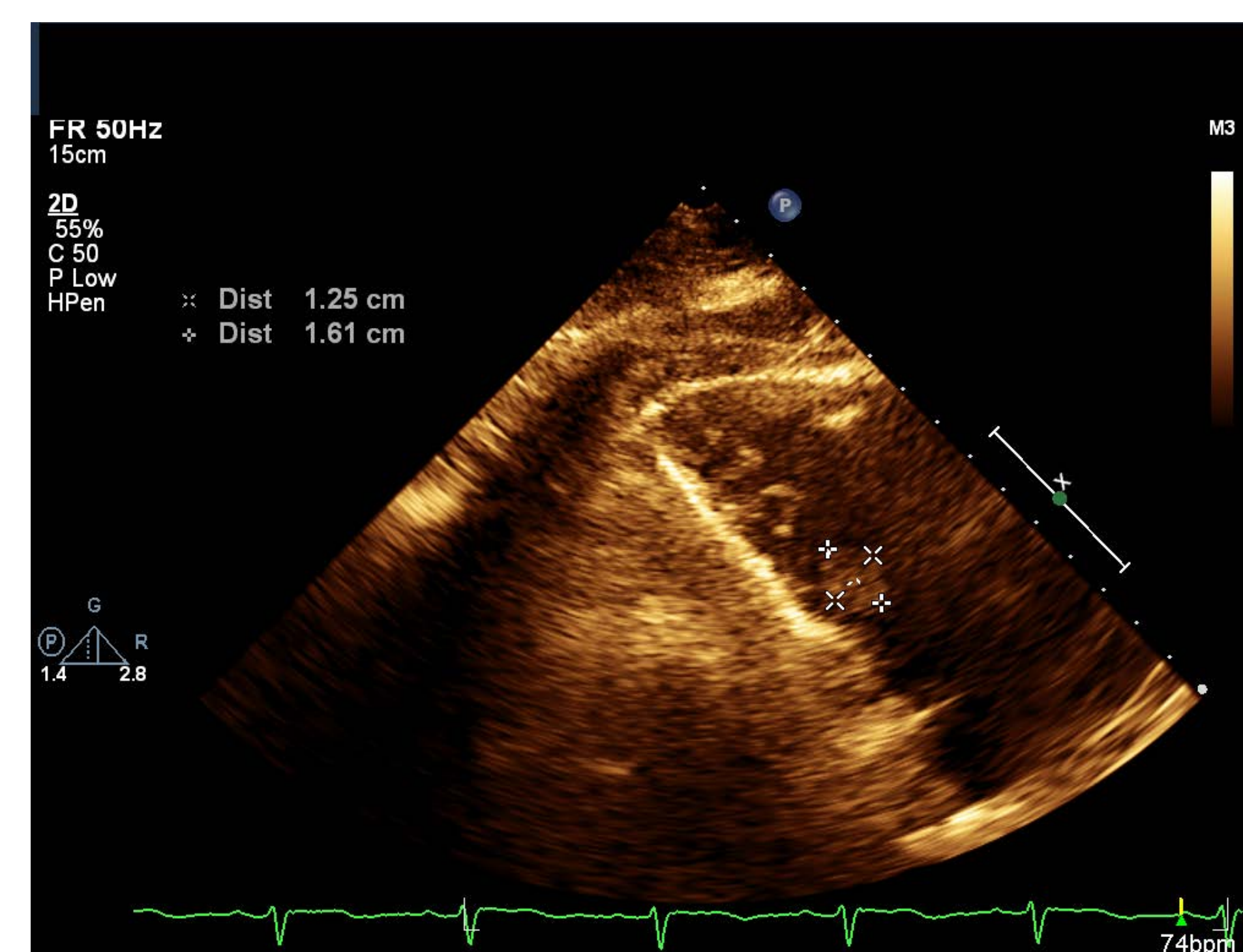


Figure 1. TTE: mobile mass on the right atrial (RA) aspect of the posterior leaflet with the appearance consistent with a tumor versus thrombus and ejection fraction within normal limits.

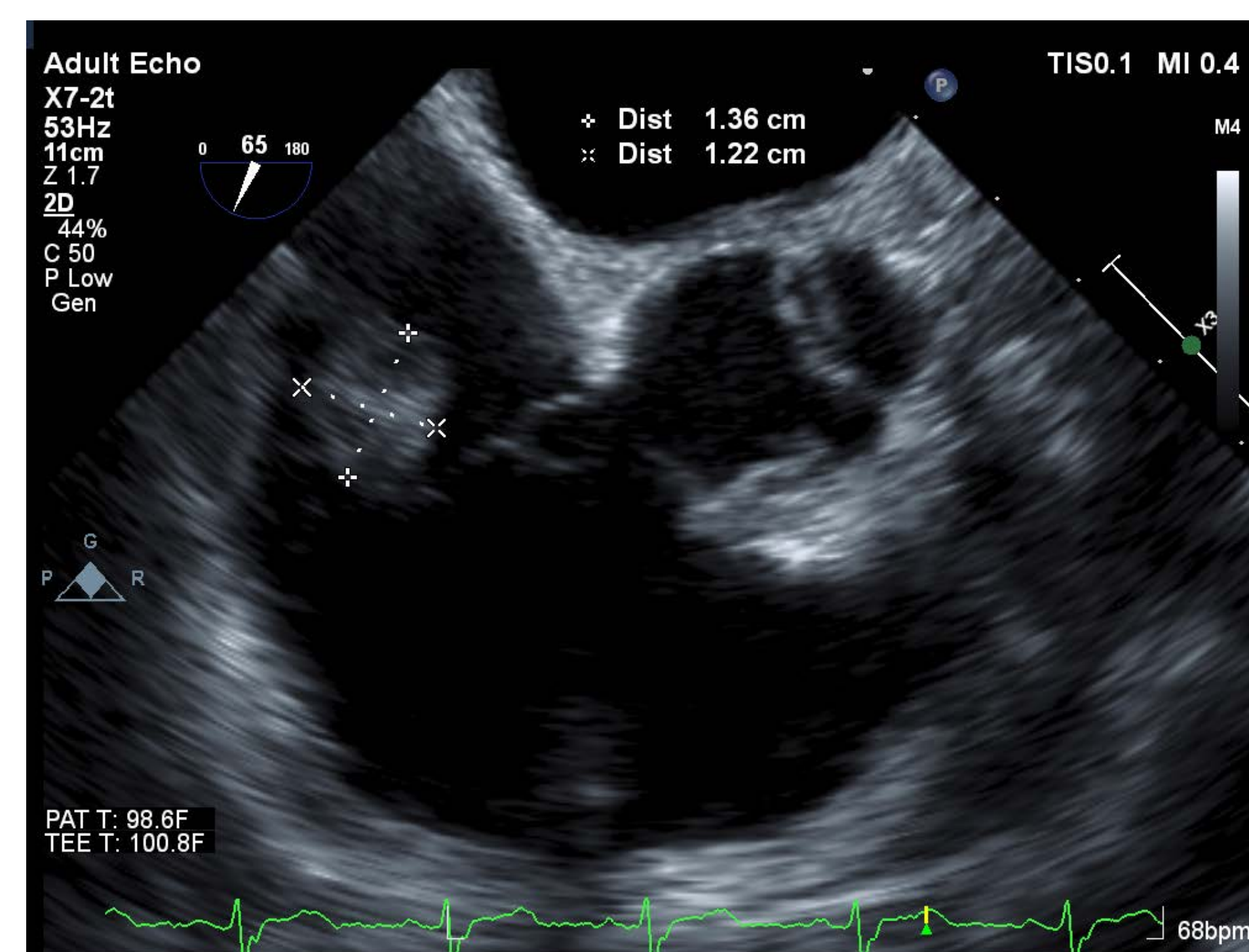


Figure 2. TEE: RA myxoma with stalk in septum and prolapsing against the tricuspid valve.

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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