

Right Atrial Myxoma Resection and Atrial Wall Reconstruction

Resección de mixoma auricular derecho y reconstrucción de la pared auricular

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We present a 42-year-old woman who was admitted 4 days after a syncopal episode, and referred progressive dyspnea without specifying evolution time. Transesophageal echocardiogram showed a large and mobile heterogeneous mass, with wide-based implantation on the right atrial free wall. The event had atypical presentation and myxoma was not ruled out (Figure 1). A chest CT scan with IV contrast was performed, reporting a hypodense calcified formation occupying the interior of the right atrium, (anteroposterior - transverse) with 46 x 30 mm diameter and 40 mm longitude. No enhancement was detected after contrast administration and the intra-tumoral vascular structure was within described parameters (Figure 1). The patient was surgically treated with full sternotomy and double cava cannulation to access the right atrium. The entire tumor and the proximal infiltrated right atrial wall were excised. Atrial wall reconstruction was achieved with a 6 x 7 cm bovine pericardial patch, and cardiopulmonary bypass was weaned 37 minutes after its onset (Figure 2).

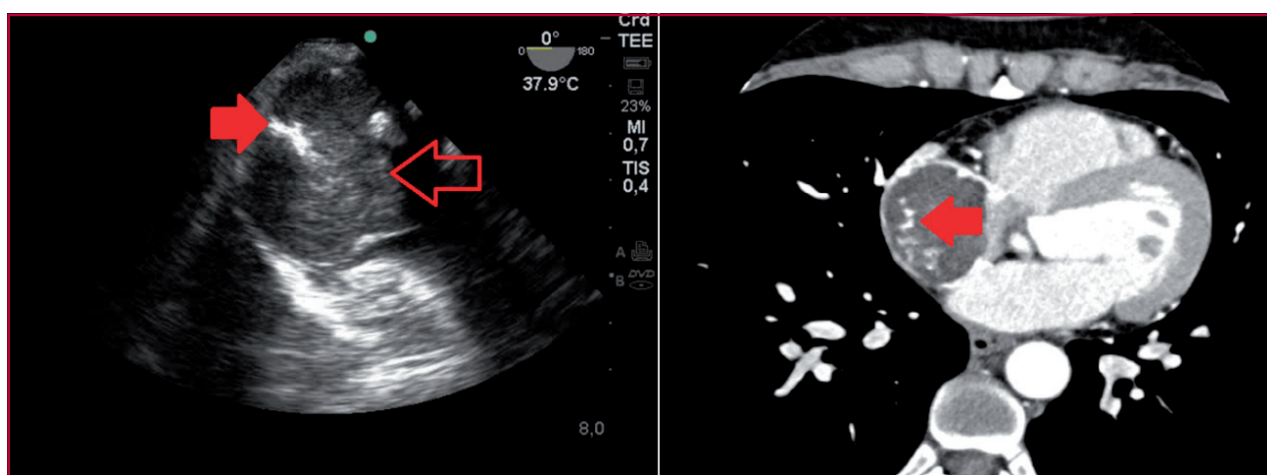


Fig. 1. Transesophageal echocardiography and computed tomography show a myxoma of the right atrium. Filled arrow indicates calcifications within the tumor. Hollow arrow indicates atrial wall.

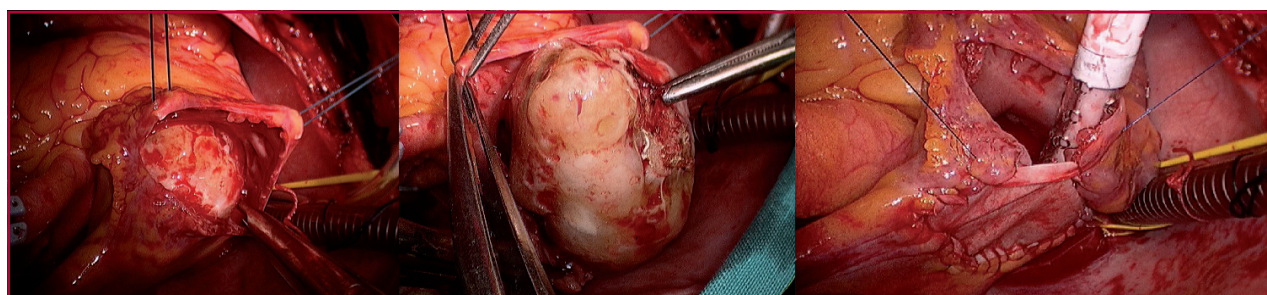


Fig. 2. Atrial opening, tumor excision, and patch placement on the right atrial wall.

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