ATRIAL MYXOMA AS RARE CAUSE OF CARDIOEMBOLIC STROKE: CASE REPORT

J. De Caro¹, C. Dell'Aera¹, O. Trio³, C. Casella¹, M. Cotroneo¹, M.C. Fazio¹, P. La Spina¹, A. Laganà¹, M. Colella¹, D. Cosenza¹, F. Grillo^{1,2}, C. Stilo¹, R. Musolino¹

1-Stroke Unit – Department of Clinical and Experimental Medicine, University of Messina 2-Department of internal medicine and medical specialties (DIMIS), University of Palermo 3-Department of Thoracic-Cardio Vascular, University of Messina

Introduction

Cardiac myxoma is the most common tumor of the heart; it accounts for 40% of benign cardiac tumors with a prevalence in the left atrium (1).

Approximately 10% of atrial myxoma patients are asymptomatic. Arterial embolism is the main clinical manifestation in cerebral vessels and many patients have concurrent multiple cerebral emboli. The polypoid and grape-like parts of the myxoma can easily fall off.

In the left atrial myxoma patients about 12% develop intracerebral haemorrhage because of aneurysm formation during early embolization (2).

Only a small number of cases of atrial myxoma with acute ischemic stroke treated with thrombolytic therapy have been reported. Some studies have reported good outcome whereas others have reported bleeding or no improvement (3).

Case report

We describe the case of a 43-year-old woman with sudden onset of bilateral decline in visual acuity lasting 15 minutes, followed by mild aphasia and weakness of right upper and lower limbs. Neurological examination revealed drowsiness, mild aphasia, hemiparesis facial-brachial-crural right, Babinski sign ipsilateral; National Institutes of Health Stroke Scale (NIHSS) at admission 10. Laboratory tests, electrocardiogram and a non-contrast computerized tomographic (CT) scan were normal.

Brain MRI revealed hyperintense lesion in diffusion imaging in the left thalamus.

The patient was treated with thrombolytic therapy; during the infusion she experienced improvement of weakness of right upper and lower limbs.

Echocolor doppler ultrasoud documented a mild scleroateromasia of supra-aortic trunks.

Transthoracic echocardiogram showed the presence of a pedunculate, bulky hyperechoic mass in left atrium, compatible with an atrial myxoma.

The patient was discharged on the fifth day with a weakness of the right perioral muscles: NIHSS 1. After 1 month she underwent to removal of atrial myxoma.

At 3 month follow-up NIHSS was 0.



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XLVII CONGRESSO NAZIONALE



