



normal.

The patient was taken to operation. A midline sternotomy was performed. The ascending aorta and the bicaval cannulation were completed. Cardiopulmonary bypass was established. The left atrium was opened. A huge left atrial mass originated from interatrial septum and occupying almost the entire left atrial cavity was seen. The right atrium then was opened and interatrial septum was incised around the fossa ovalis where the mass was originated and the mass was taken out through left atrial incision. The yellowish gelatinous mass was measured 120x50x30 mm. No remaining mass was inspected in left and right heart chambers. Mitral valve was inspected and appeared normal. All four cardiac chambers were explored for multiple tumor or fragments of the myxoma. The mass weighted 172 g. Microscopic examination of the mass revealed benign myxoma. The postoperative course was uneventful and the patient was discharged at the fifth postoperative day. The patient is doing well one year after surgery without recurrence.

## Discussion

Myxomas are the most common primary cardiac tumors. They are usually benign and have variable presentations. Clinical presentations varied from no symptoms and mild clinical signs to various presentations. Jelic and associates [2] has reported 8.6% symptomless patients in their 81 patients series. The common symptoms include congestive heart failure, peripheral embolization and syncopal episodes, however cardiac myxoma may mimic many cardiovascular diseases, so a high index of suspicion is important for its diagnosis [2,4,5]. Additionally constitutional symptoms such as fever and weight loss may accompany. Echocardiography is the most useful diagnostic screening tool. The natural history of atrial myxoma is not well established. However, without surgical treatment, the medium and long-term prognosis is considered fatal. Therefore once the cardiac myxoma is identified by two-dimensional echocardiography, the tumor should be removed even in

patients without symptoms. Surgical resection of a single myxoma is a safe and effective treatment, with a low risk of recurrence [1-3]. The case reported here is atypical in that the patient developed only minimal symptoms despite only a thin path allowed blood flow through the left ventricle due to the large size of the myxoma. In currently available English literature, giant cardiac myxomas size up to 18x7x5 cm [6] and weight up to 180 gram [7] have been reported, however to our knowledge, atrial myxoma in that size without significant symptoms has not been published.

## References

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