

P129

"Myxoma medusa", an unusual atrial mass: a multimodality imaging approach to the diagnosis

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Introduction: atrial myxomas are the most common primary heart tumors. Diagnosis is usually made by echocardiography, with the usual left atrial location and polypoid round or oval shape. However, sometimes other conditions must be considered in the differential diagnosis of a cardiac mass.

We present the case of a 62-year-old-woman with intermittent "burning" chest pain without any other symptoms. Physical exam was normal. Initial complementary tests such as electrocardiogram and chest X-ray were normal. Transthoracic echocardiography showed a pediculated mass with "snake-like" motion inside the left atrium and trans-esophageal echocardiogram (TEE) was ordered. 2D and 3D TEE demonstrated a bi-lobulated, 2-fingered and mobile mass attached to the inter-atrial septum. Because of unusual morphology of the mass, atrial myxoma and thrombus-in-transit were proposed as possible diagnoses and anticoagulant therapy was started. Cardiac magnetic resonance was performed to get a better characterization of the tissue and revealed high signal intensity of the mass on T1-T2-weighted images. Late enhancement sequences after gadolinium injection showed hyper-intense heterogeneous mass, consistent with the diagnosis of myxoma and after surgery, pathological examination showed a hypo cellular myxoid matrix rich in proteoglycans with a mucous stroma and groups of cells forming nest and cord confirming the diagnosis.

Conclusion: This case illustrates the usefulness of a multimodality approach for establishing a prompt diagnosis and management of an extremely rare morphology of myxoma named "myxoma medusa".

Abstract P129 Figure 1. "Myxoma Medusa"

