i532 Abstracts

Poster Session

P851

Carney"s complex: a rare cause of Atrial myxoma

Kasouridis I.; Sargent R.; Ghani S.

Dartford & Gravesham NHS Trust, Cardiology, Dartford, United Kingdom of Great Britain & Northern Ireland

Funding Acknowledgements: Nil

We present the case of a 53 year old lady who presented to the cardiology services with palpitations. She denied any symptoms of syncope or chest pain but described frequent short episodes of palpitations. Her background medical history at this point included a pituitary macroadenoma with panhypopituitarism requiring transphenoidal hypophysectomy, a follicular adenoma with left thyroid lobectomy and peripheral neuropathy. An echocardiogram was arranged and this showed a large left atrial mobile myxoma with good LV function and no other structural abnormalities. Her ECG showed sinus rhythm with no ischaemic changes and normal electrical intervals. She was admitted and transferred to a tertiary centre where the myxoma was successfuly excised. Her palpitations settled post procedure and holter monitoring didn"t pick up any malignant dysrrhythmias. She was referred to a genetics centre for investigation for Carneys complex which can predispose patient to endocrine and nonendrocrine tumours including pituitary, thyroid and as in our case a cardiac myxoma. This was confirmed on genetic testing and as her mother was found to also have a cardiac myxoma it raised the suspicion of an inherited mutation. Follow-up echo at 2 years post-op showed no recurrence of atria myxoma and patient was stable from a cardiovascular perspective.