A case of embolic stroke from atrial myxoma

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Cardiac myxoma is the most common benign cardiac tumor and one of the most frequent onset symptoms are neurological. A 54-year-old male suffering of hypertension and dislipidemia was admitted by ambulance to the emergency department after an acute neurological attack (aphasia, left gaze deviation, anisocoria, diaphoresis). Due to clinical worsening up to GCS 4, he was intubated and mechanically ventilated.

A head CT-scan (Figure 1) was negative for cerebral hemorrhage and brain tumors, a neck ultrasound scan showed no carotid stenosis or dissection of the neck vessels. In the suspicion of cerebral ischemia, systemic trombolysis was started. Due to technical problems, angio CT-scan (Figure 2) was performed 1 hour later and a sphenoidal segment (M1) left middle cerebral stenosis was found; accidentally an atrial disomogeneous mass was discovered (Figure 3). No intra-aortic trombolysis or tromboaspiration was performed by interventional radiologist summoned at the end of alteplase infusion. No indication for craniothomy was made by neurosurgeons.

Transesophageal echocardiography (Figure 4) confirmed a large, pedunculated disomogeneous mass occupying the entire left atrium, with extremities reaching the mitral valve plane, with signs of obstruction. He was electively scheduled for resection 4 weeks after the start of symptoms, when the risk of a catastrophic neurological event from anticoagulation during cardiopulmonary bypass (due to the potential for hemorrhagic conversion) was considered to be reduced. The patient was discharged on 35th day and he has a good recovery.

Figure 1. Head CT scan showing a M1 left middle cerebral stenosis. The arrow indicates the stop of blood flow into the left middle cerebral artery.

Figure 2. Angio CT scan showing a M1 left middle cerebral stenosis (frontal and posterior Willis circle view). The arrow indicates the stop of blood flow into the left middle cerebral artery.
References


Figure 3. Cardiac CT scan showing a disomogeneous atrial mass. LV, left ventricle. The asterisk (*) indicates myxoma.

Figure 4. Transesophageal ecocardography, showing a peduncolate disomogeneous mass occupying the entire left atrium, with the extremities until the mitral valve plane (on dyastolic and systolic left atrium contraction). RV, right ventricle; LV, left ventricle.