

## A case of embolic stroke from atrial myxoma

## Rosanna Varutti, Giulio Trillò, Rita Piazza, Flavio Bassi<sup>2</sup>

<sup>1</sup>Department of Anaesthesia and Intensive Care, AAS5 Friuli Occidentale, Pordenone; <sup>2</sup>Department of Anaesthesia and Intensive Care, ASUIUD, Udine; <sup>3</sup>Department of Cardiology, AAS5 Friuli Occidentale, Pordenone, Italy

Cardiac myxoma is the most common benign cardiac tumor and one of the most frequent onset symptoms are neurological.<sup>1</sup>

A 54-year-old male suffering of hyperthension 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 suspection 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 wase made by neurosurgeons.

Transesophageal echocardiography (Figure 4) confirmed a large, peduncolated disomogeneous mass occuping 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 neurologic event from anticoagulation during cardiopulmonary bypass (due to the potential for hemorrhagic conversion) was considered to be reduced.<sup>2,3</sup> 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.

Correspodence: Rosanna Varutti, Department of Anaesthesia and Intensive Care, AAS5 Friuli Occidentale, via Montereale, Pordenone, Italy

E-mail: rosanna.varutti@gmail.com

Key words: Embolic stroke; Atrial myxoma; Cardiac bypass.

Contributions: the authors contributed equally.

Conflict of interest: the authors declare no potential conflict of interest.

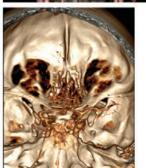
Funding: none.

Received for publication: 9 September 2018. Revision received: 29 October 2018 Accepted for publication: 30 October 2018.

This work is licensed under a Creative Commons Attribution 4.0 License (by-nc 4.0).

©Copyright R. Varutti et al., 2018 Licensee PAGEPress, Italy Emergency Care Journal 2018; 14:7815 doi:10.4081/ecj.2018.7815





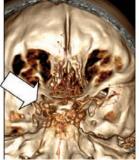


Figure 2. Angio CT scan showing a M1 left middle cerebral stenosis (frontal and posterior Willis circle view). The arrow indicates the stop of blood flow into the left middle cerebral artery.





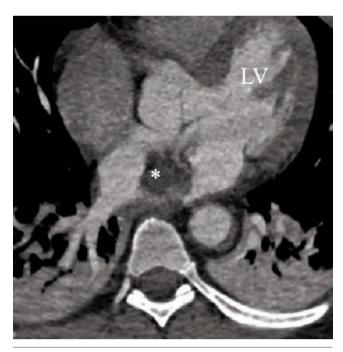


Figure 3. Cardiac CT scan showing a disomogeneous atrial mass. LV, left ventricle. The asterisk (\*) indicates myxoma.

## References

- Wen XY, Chen YM, Yu LL, et al. Neurological manifestations of atrial myxoma: a retrospective analysis. Oncol Lett 2018;16:4635-9.
- 2. Thyagarajan B, kumar MP, Patel S, Agrawal A. Extracardiac manifestations of atrial myxomas. J Saudi Heart Assoc 2017:29:37-43.
- 3. Hirose H, Youdelman BA, Entwistle JWC. Stroke from a large left atrial myxoma. Open Cardiovasc Med J 2008;2:115-7.

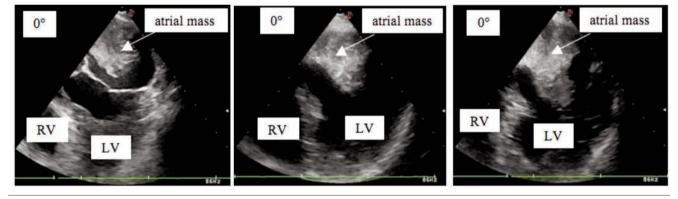


Figure 4. Transesophageal ecocardography, showing a peduncolate disomogeneous mass occuping the entire left atrium, with the extremities until the mitral valve plane (on dyastolic and systolic left atrium contraction). RV, right ventricle; LV, left ventricle.