

Asymptomatic, echocardiography-detected, right ventricular outflow tract sited myxoma

A 46-year-old female was admitted to our department for evaluation of progressively deteriorating atypical chest symptoms, starting about two months before admission. Transthoracic echocardiography (Fig. 1) revealed a mobile cardiac mass of approximately 17×18–19 mm, originating from the right ventricular outflow tract (RVOT) by a narrow stalk, at a distance of approximately 15–20 mm from the pulmonary valve, obstructing up to 50% of RVOT. The density of the mass presented heterogeneity with cystic areas. A computed tomography pulmonary angiogram (CTPA) and a body CT scan



Figure 1. Transthoracic echocardiographic examination. Parasternal short axis views revealing a mobile cardiac mass, originating from the right ventricular outflow tract on a narrow stalk



Figure 2. Transesophageal echocardiographic examination. A modified high esophagus right ventricular inflow view (at ~80° angle and ~30 cm from the teeth), reinforcing the transthoracic echocardiographic examination diagnosis of an oscillating intracardiac mass, at a distance of approximately 20 mm from the pulmonary valve, obstructing up to 50% of the right ventricular outflow tract

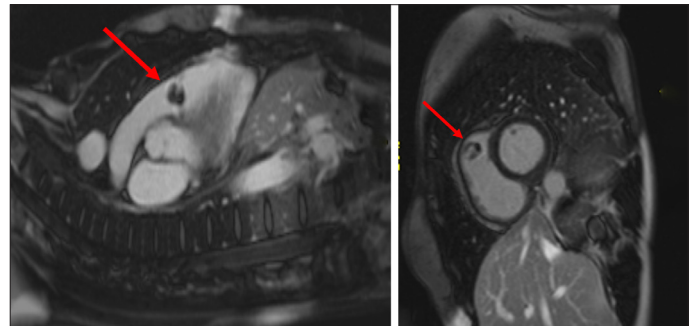





Figure 3. Magnetic resonance imaging (T1-weighted). Confirmation of an intracardiac mass at a distance of ~2.0–2.50 cm from the pulmonary valve, presenting as progressive gadolinium enhancement

did not reveal a pulmonary embolism or raise a suspicion of cancer elsewhere. Transesophageal echocardiography (Fig. 2) reinforced the diagnosis of an intracardiac mass and possibly a myxoma, which were confirmed on magnetic resonance imaging (Fig. 3). The patient was scheduled for surgery, which initially was postponed owing to the national restrictive measures of the coronavirus disease 2019 period, and a biopsy was also pending. Shortly, the patient was operated upon and the mass removed successfully.

The pending biopsy revealed a tumor showing neoplastic processing characters as ovoid, angular, and mainly spindle-shaped cells, with eosinophilic cytoplasm and ovoid or elongated moderately deep-colored nuclei with no visible nucleoli. No atypia or mitosis was observed. Tumor cells were arranged individually in very thin beams or pseudovascular formations and very small proportions in small solid aggregates. All neoplastic formations were found in a myxoid substrate, with compressed and thin-walled vessels. Some dilated blood vessels were also observed with the presence of recent thrombi, as well as focal hemorrhagic perfusions.

Informed consent: A written informed consent was obtained from the patient.

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