THE ANATOLIAN JOURNAL OF CARDIOLOGY

Official journal of the TURKISH SOCIETY OF CARDIOLOGY

Reply to Letter to the Editor: "Recurrent Cardiac Myxoma: A Puzzle to be Solved"

LETTER TO THE EDITOR REPLY

To the Editor,

We appreciate your interest and contribution to our case.[1] Your comments[2] on the importance of systemic inflammation and its association with recurrence in patients with cardiac myxoma are invaluable. When we retrospectively scanned the patient's acute phase reactants, we found that erythrocyte sedimentation rate was mildly elevated above the threshold. C-reactive protein (CRP) levels were normal on the previous admissions. However, in the most recent recurrence, we found that the CRP level was mildly elevated without any further increase or decrease during the perioperative period. There were no existing constitutional symptoms. Frequent recurrence might have been associated with inflammation. However, the patient was on chronic glucocorticoid therapy because of a history of bilateral adrenalectomy. Thus, we expect the patient's inflammatory response to be suppressed.[3]

As you mentioned, parenchymal seeding of cardiac myxoma was previously reported.[4] In our patient, encephalomalastic changes compatible with chronic infarct sequelae were observed on magnetic resonance imaging. There were no cerebrovascular involvement or parenchymal lesions consistent with tumoral embolization. Thus, we considered these cerebrovascular events to be of embolic origin.

Cardiac troponin was mildly elevated above the threshold without any rise or fall pattern. As patients with takotsubo cardiomyopathy (TTC) usually have a lesser degree of elevation of cardiac myonecrosis markers, it is possible that our patient might have had an atypical pattern of TTC that might have contributed to the left ventricular systolic dysfunction.[5] We generally expect improvement in systolic dysfunction in TCC during follow-up; however, systolic dysfunction did not recover in our patient.[6] In addition, when we looked at the previous medical records of the patient, there was systolic dysfunction in repeated echocardiograms. These findings move us away from the diagnosis of TTC.

We would have expected valvular dysfunction due to a large myxoma protruding to the mitral valve and recurring 4 times. However, the patient had only mild mitral regurgitation without any structural deterioration of the mitral valve. Thus, he did not have valvular surgery during previous myxoma surgeries.

We thank you for your valuable contribution to our paper.

REFERENCES

1. Yalçınkaya Öner D, Karakulak UN. Fourth recurrence of cardiac myxoma in a patient with Carney complex. *Anatol J Cardiol*. 2023;27(5):E13-E14. [CrossRef]
2. Yalta K, Yetkin E, Yalta T. Recurrent cardiac myxoma: A puzzle to be solved. *Anatol J Cardiol*. 2023 27(8):497-498.
3. Barnes PJ. Mechanisms and resistance in glucocorticoid control of inflammation. *J Steroid Biochem Mol Biol*. 2010;120(2-3):76-85. [CrossRef]

Damla Yalçınkaya Öner[1]
Uğur Nadir Karakulak[2]

[1]*Department of Cardiology, Ankara Training and Research Hospital, Ankara, Türkiye*
[2]*Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara, Türkiye*

Corresponding author:
Damla Yalçınkaya Öner
✉ damlaykaya@gmail.com

Cite this article as: Yalçınkaya Öner D, Karakulak UN. Reply to letter to the editor: "recurrent cardiac myxoma: A puzzle to be solved". *Anatol J Cardiol*. 2023;27(8):499-500.

DOI:10.14744/AnatolJCardiol.2023.3241

4. Aguilar C, Carbajal T, Beltran BE, Segura P, Muhammad S, Choque-Velasquez J. Cerebral embolization associated with parenchymal seeding of the left atrial myxoma: potential role of interleukin-6 and matrix metalloproteinases. *Neuropathology*. 2021;41(1):49-57. [CrossRef]
5. Gopalakrishnan P, Zaidi R, Sardar MR. Takotsubo cardiomyopathy: pathophysiology and role of cardiac biomarkers in differential diagnosis. *World J Cardiol*. 2017 26;9(9):723-730. [CrossRef]
6. Citro R, Okura H, Ghadri JR, et al. Multimodality imaging in takotsubo syndrome: a joint consensus document of the European Association of Cardiovascular Imaging (EACVI) and the Japanese Society of Echocardiography (JSE). *Eur Heart J Cardiovasc Imaging*. 2020;21(11):1184-1207. [CrossRef]