

Unusual coexistence of atrial myxoma and mitral stenosis

A 22-year-old woman with a history of transient ischemic attack 2 weeks earlier presented with dyspnea on exertion. Cardiac auscultation revealed only an apical mid-diastolic murmur. Her electrocardiogram indicated atrial fibrillation. Transthoracic echocardiogram (TTE) showed significant rheumatic mitral stenosis (mitral valve area: 1.3 cm^2) and mobile homogeneous mass in the left atrium (Fig. 1, Video 1). Transesophageal echocardiography (TEE) was performed to discriminate between myxoma and thrombus. 2-D and 3-D TEE revealed highly mobile homogeneous pedunculated mass measuring $28 \times 25 \text{ mm}$ arising from the anterior interatrial septum (Fig. 2, Video 2, 3). Accordingly, left atrial myxoma

was strongly suspected. Ultimately, the patient was referred to cardiovascular surgery. Mass excision and mitral valve replacement were performed successfully. Mass histopathology was compatible with myxoma (Fig. 3). Postoperative course was uneventful.

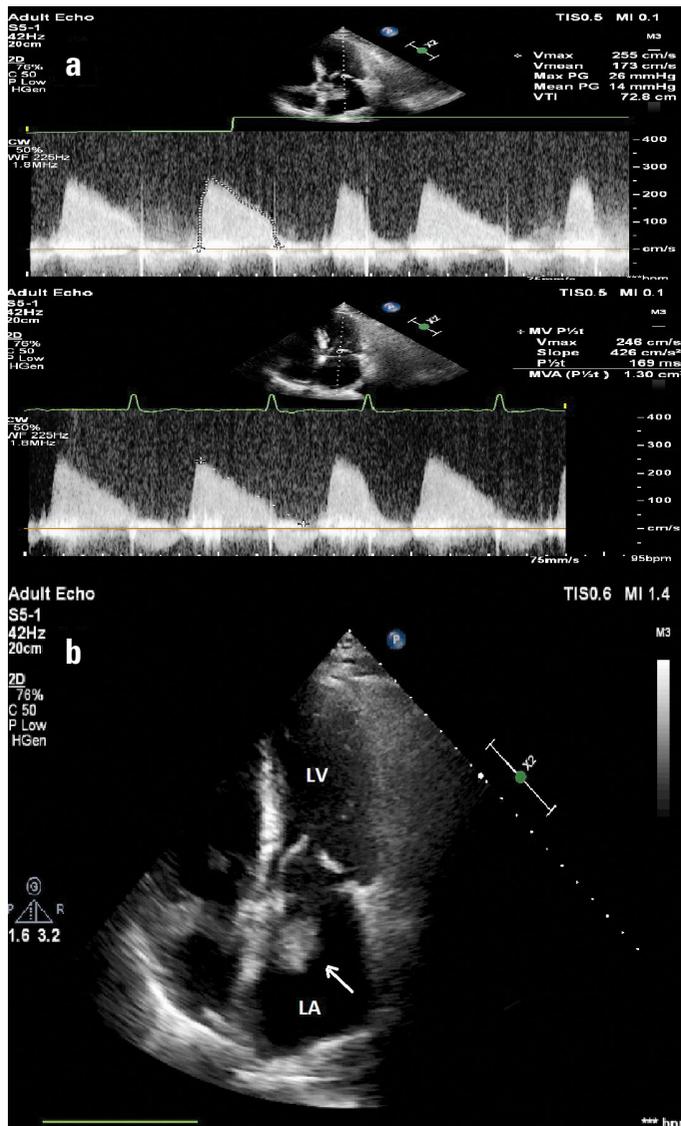


Figure 1. (a) TTE showing significant rheumatic mitral stenosis and (b) mass in the left atrium (arrow)

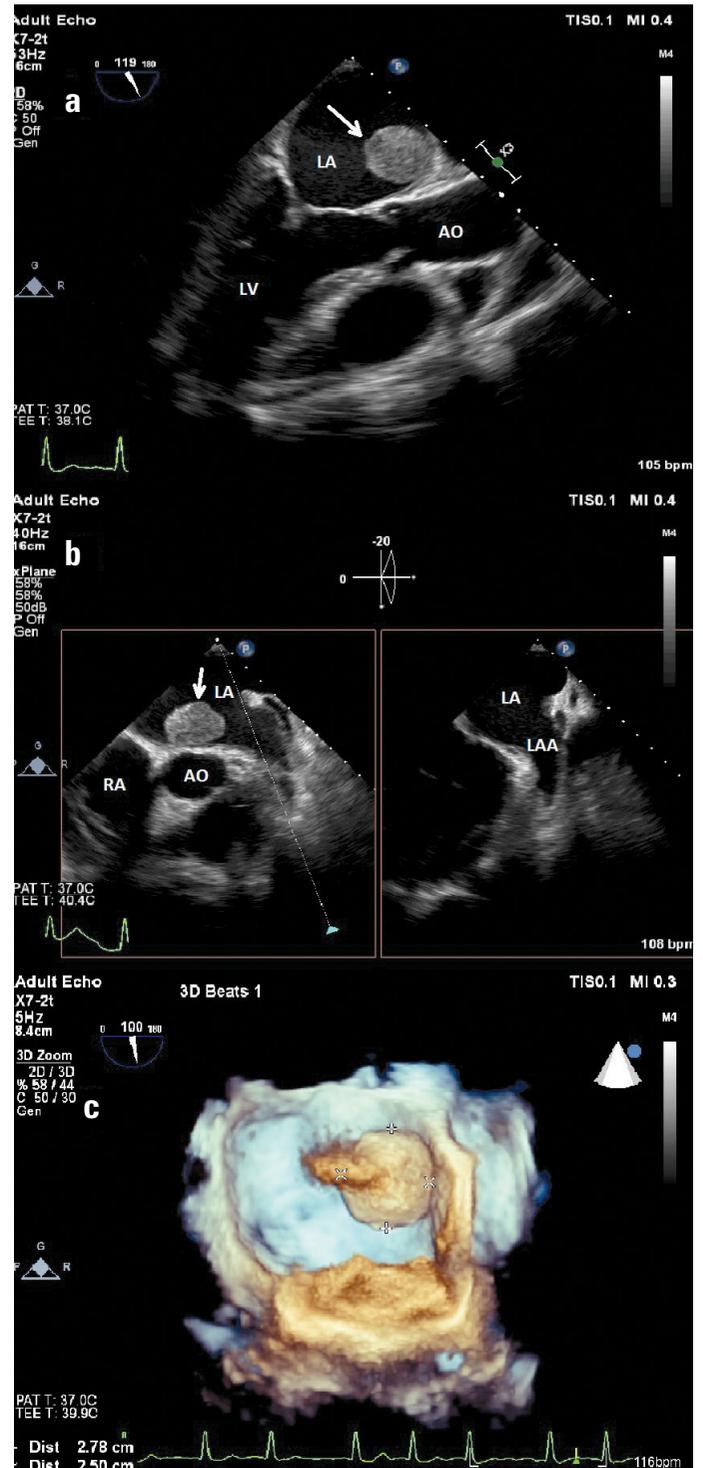


Figure 2. TEE demonstrating homogeneous pedunculated mass of $28 \times 25 \text{ mm}$ arising from the anterior interatrial septum (arrows). (a, b) 2-D TEE view, (c) 3-D-TEE view

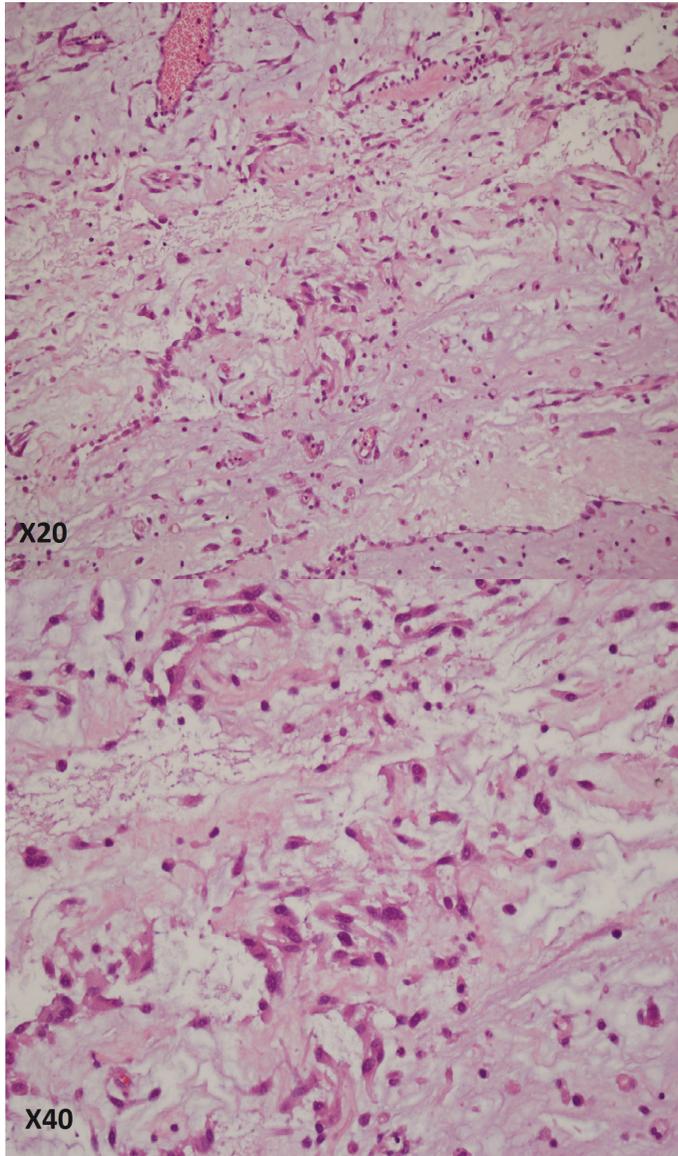


Figure 3. The mass histopathology was compatible with myxoma

Most cerebral embolic events in young patients are of cardiac origin. Atrial thrombus accounts for about half of cardiac embolism cases. Cardiac myxoma, the most frequent cardiac tumor, is rare cause but an important etiology of stroke in young patients. It is difficult to distinguish myxoma from thrombus due to similar echocardiographic features on TTE in patients with atrial fibrillation associated with rheumatic mitral valve disease. TEE is helpful to discriminate between myxoma and thrombus.

Video 1. TTE revealing mobile homogeneous mass in the left atrium.

Video 2. 2-D TEE showing highly mobile homogeneous pedunculated mass arising from the anterior interatrial septum.

Video 3. 3-D TEE showing highly mobile mass.

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A giant left ventricular pseudoaneurysm presenting with transient ischemic attack 7 years after acute myocardial infarction: A deep investigation via multiple imaging modalities 🎥

Left ventricular pseudoaneurysm (LVPA) develops when myocardial rupture is contained by pericardial adhesions and thrombus formation. We present a unique case report of LVPA with illustrative and demonstrative images. A 75-year-old male patient was admitted to emergency department with a complaint of temporary verbal aphasia. Seven years earlier, the patient had suffered an inferior myocardial infarction that was treated with left anterior descending artery (LAD)-saphenous vein graft (SVG) and right coronary artery (RCA)-SVG bypass surgery. His symptoms were completely resolved before admission and neurological examination was normal. Cranial multi-detected computed tomography (MDCT) revealed location of ischemic stroke at

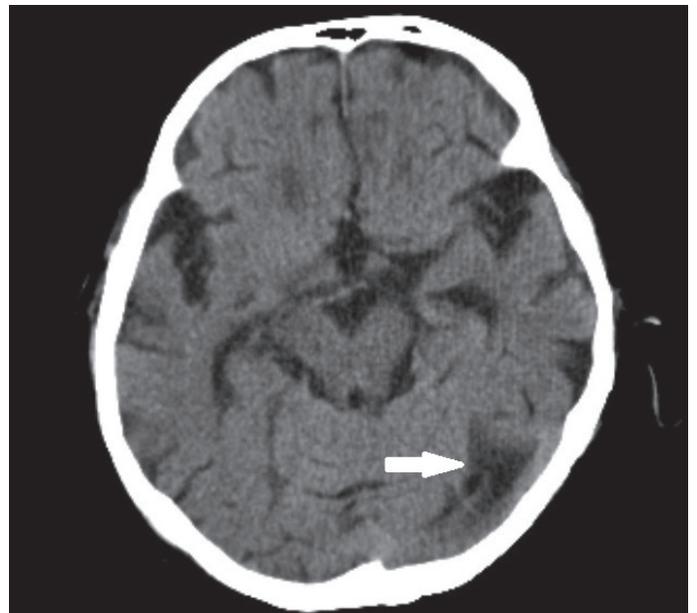


Figure 1. Cranial computed tomography shows location of ischemic stroke at chronic stage in left occipital lobe (white arrow)