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Disappearing LAA thrombus with a LA myxoma coincidence - a clinical case study

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73 year old patient admitted to the Cardiology Department with the first diagnosis of dilated cardiomyoptaty, first time detected atrial fibrillation of unknown duration. ECG shown atrial fibralation with a ventricular rate of 90/min. Echocardiography shown lowered LVEF 25% and also a regular tumor in the left atrium with morphological characteristics of a myxoma. A transesophagal echo was performed which reavealed a fixated in the lower part of the interatrial septum structure measuring 2,2x1,1cm, and another, similiar structure in the left atrial appendage measuring 1,0x0,7cm, and a patent foramen ovale. Patient was started on rivaroxaban 20mg. Patient did not agree on sacubitryl/valsartan therapy. During hospitalization SARS-Cov2 infection was discovered and the patient was transfered to Covid19 Treatment Unit. In echocardiography performed 3 months later a substantial decrease in ejection fraction was observed with LVEF 10%. Transesophagal echo showed reduced tumor dimensions of 1,0x1,6cm, as well as disappearence of the structure in LAA. Tehrefore it was concluded that the structure in the LAA must have been a thrombus and a thrombus-coated myxoma in left atrium. Patient was started on sacubitril/valsartan, eplerenone, empagliflozin, and was switched from rivaroxaban to apixaban due to gastrointestinal bleeding that required blood transfusion. Gastroscopy excluded active bleeding and revealed Helicobacter pylori infection and eradication treatment was started. In control echocardiography in six weeks there was no change in ejection fraction severely reduced at 15%. In transesophagal echocardiography shown the tumor in the left atrium as seen before with same dimensions, no thrombus in the LAA as well as echogenic blood. The patient was qualified for ICD implantation and management of the left atrium tumor in echocardiography

Recent Publications

- 1. Pepi M, Evangelista A, Nihoyannopoulos P et al. on behalf of the European Association of Echocardiography Recommendations for echocardiography use in the diagnosis and management of cardiac sources of embolism 2010;11:461-476.
- $2.\ Left\ atrial\ myxoma\ presenting\ as\ acute\ coronary\ syndrome.\ Cannav\`a\ G,\ Curr\`o\ A.\ Int\ J\ Cardiol.\ 2015;190:148-50$
- 3. Schiele S, Maurer SJ, Pujol Salvador C, Vitanova K, Weirich G, Meierhofer C, Voss B, Ewert P, Tutarel O. Left Atrial Myxoma. Circ Cardiovasc Imaging. 2019 Mar;12(3):e008820. doi: 10.1161/CIRCIMAGING.118.008820. PMID: 30813772.
- 4. Zhan Y, Joza J, Al Rawahi M, Barbosa RS, Samuel M, Bernier M, Huynh T, Thanassoulis G, Essebag V. Assessment and Management of the Left Atrial Appendage Thrombus in Patients With Nonvalvular Atrial Fibrillation. Can J Cardiol. 2018 Mar;34(3):252-261. doi: 10.1016/j.cjca.2017.12.008. Epub 2017 Dec 15. PMID: 29395705.
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Biography

Sergiusz Nowak is a specialist in internal medicine and cardiologist in training. His biggest interest and passion in cardiology is echocardiography and cardiac imagining. He had the opportunity to present clinical cases at many conferences including Heart Failure 2018 & World Congress on Acute Heart Failure and Heart Failure 2019 - 6th World Congress on Acute Heart Failure.

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