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## Left atrial myxoma causing myocardial infarction

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Atrial myxomas are one of the commonest primary cardiac tumors that generally affect the left atrium. Atrial myxoma is the general cardiac tumor, which leads to three main symptoms which includes obstructive symptoms, constitutional symptoms and embolic symptoms. The irregular blood flow induced by atrial myxoma plays a significant role to cause rigorous and irrevocable neurologic complications like repeated transient ischemic attack and stroke. Severe ST-segment Elevation Myocardial Infarction (STEMI) caused by left atrial myxoma is very uncommon. Catheter approaches are mostly the initial step in managing STEMI with very less time delay. In this case study, we report atrial myxoma associated MI case and present the clinical and echocardiographic features of this presentation. We report a case of severe STEMI caused by left atrial myxoma. This report is regarding a 69 years old male patient who was underlying dyslipidemia and patient had a history of Cerebro Vascular Accident (CVA) in 2012. The patient was complaining of chest pain associated with vomiting and excessive sweating and syncopal attack for five minutes. Intracoronary aspiration was done for right posterolateral coronary artery. After this treatment the patient was comfortable and there was no shortness of breath and chest pain. Carotid Doppler indicated normal thickness of intima-media and no calcified atheromatous plaque. The actual reason behind this is still not known and under investigation. Generally Echo is not done before coronary angiography in case of myocardial infarction. However in some cases, if angiography is done first and if left ventriculography displays normal systolic function, then Echo can also be skipped. Echo was available in the emergency room and was done prior coronary angiography. The presented case demonstrates the significance of early Echo in patients presenting with MI for diagnosing suspected cardiac mass. The patient was effectively cured by intracoronary aspiration with an Export aspiration catheter with excellent distal coronary flow. Intracoronary catheter aspiration helps to treat the MI with quite less time delay. In the presented case study, Echo was done prior to coronary angiography.

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