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SHORT CASES IN CARDIOLOGY

Value of multiplane transoesophageal echocardiography in recurrent atrial myxoma

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A 26 year old woman was referred to the cardiology outpatient department with occasional atypical chest pain. Seven years earlier she had had a left atrial myxoma removed at another hospital and had been lost to follow up.

Transthoracic echocardiography (TTE) showed a mobile mass in the left atrium but the exact site of the tumour pedicle was undefined (fig 1A). We then examined her by mul-

tiplane transoesophageal echocardiography (TOE). In the monoplane mode (0°) a globular tumour within the left atrium was visualised. When we adjusted the image plane to 33° the tumour and its pedicle, attached to the interatrial septum, were clearly delineated (fig 1B). Further rotation of the transducer scan plane to 130° showed several frond-like processes loosely attached to the main bulk of the tumour and prolapsing through the mitral valve. This detail of the tumour morphology was not readily appreciated on the TTE or TOE images in the monoplane mode and required specific angulations of the scan plane. The TOE findings prompted emergency cardiac surgery. At operation the multiplane images were confirmed and tumour was clearly seen arising from the upper edge of the previous scar, implying that local recurrence not seeding had occurred at the initial operation. She recovered uneventfully and was discharged to routine follow up.

The reported recurrence rate for sporadic atrial myxomas is 1-5%.¹ Because cardiac myxomas may be associated with life-threatening or fatal complications patients need long-term routine follow up by TTE after the resection of a myxoma. Once a cardiac myxoma has been diagnosed, TOE should be performed before operation to delineate precisely the tumour anatomy and exclude lesions elsewhere. The first generation of transoesophageal probes only imaged the heart in the transverse plane. Monoplane TOE has many advantages over TTE² and this case shows that the recent development of multiplane transoesophageal probes offers additional benefits.

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Figure 1A TTE showing the left atrial myxoma (myx), aortic root (Ao), left atrium (LA), right atrium (RA), right ventricle (RV) and left ventricle (LV).

Figure 1B TOE with the transducer rotated to 33° showing the attachment of the atrial myxoma to the interatrial septum (IAS).