A left atrial myxoma presenting as angina

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Clinical

A 59-year-old female was referred to our Unit with a 6-month history of exertional chest tightness and dyspnoea. She had no cardiovascular risk factors apart from hypercholesterolaemia, and her 12-lead resting ECG was normal. She managed 4:23 on the Bruce Exercise Tolerance Test before this was stopped due to chest tightness and up-sloping ST changes.

A presumptive diagnosis of angina was made and a coronary angiogram performed. This excluded coronary artery disease as a cause for her symptoms. However, an area of atypical vascularisation of the left atrium was noted (Figure 1, circled).

Figure 1. Angiogram

A transthoracic echocardiogram demonstrated a large mass arising from near the mitral valve which prolapsed into the left ventricle during diastole (Figure 2, arrowed).
The diagnosis of a left atrial myxoma was hypothesised and she proceeded to surgery. A 4 × 5 cm tumour was excised without complications and histological examination confirmed a myxoma. She had an excellent postoperative recovery and at follow-up is symptom-free.

**Discussion**

Atrial myxomas are rare with an incidence at autopsy of 75 per 1,000,000. Approximately 80% are found in the left atrium. Most commonly, they present with a classical triad of embolic, obstructive and constitutional manifestations. However, occasionally they can present with angina. This is hypothesised to occur as a result of vascularisation of the myxoma exerting a coronary steal effect leading to myocardial ischaemia.

These symptoms typically resolve on surgical removal of the tumour, as they did in our patient.

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**Reference:**