Clinical Cardiology

Cardiac Myxomas: Clinical Presentation, Surgical Outcomes and Long-term Prognosis

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Background

Primary heart tumors are very unfrequent, and among them, myxomas are most common. The development of new diagnostic imaging techniques has increased the in vivo diagnosis of cardiac myxomas. The clinical presentation varies with tumor size and location. In Latin America there is scanty information about the surgical results and long-term prognosis after the surgical resection of cardiac myxomas.

Objectives

To analyze the clinical presentation, pathological features, perioperative results and long-term outcomes of patients with cardiac myxoma undergoing surgical resection.

MaterialandMethodsWe conducted a retrospective analysis of 59 cases of cardiac myxomas operated on in our center between1992 and 2006. Follow-up was obtained through clinic visits, telephone interview and echocardiography.

Results

Mean age was 53±16.8 years and 54.2% were women. Myxomas were more frequently located in the left atrium (81%). The presence of symptoms related to obstruction was the most frequent clinical presentation (52.5%), followed by symptoms related to embolization (37.2%), constitutional symptoms (27.1%) and supraventricular arrhythmias (22%); 10.1% of cases were asymptomatic. Recurrences occurred in 2 cases (3.4%). The tumor diameter correlated with the presence of symptoms related to obstruction and with supraventricular arrhythmias. Embolism was associated with smaller tumors. Ventricular location was observed in younger patients. Tumoral resection was associated with coronary revascularization in 8.4% of cases and with heart valve and/or great vessel surgery in 13.5% of patients. Postoperative mortality was 1.7% and the most frequent complications were: complete atrioventricular block (23.7%), supraventricular arrhythmias (23.7%) and low cardiac output syndrome (18.6%). Complete long-term follow-up was achieved in 94.8% of cases; mean follow-up was 78.3 months. During follow-up, 65.5% of patients remained asymptomatic. Supraventricular arrhythmia was the most frequent complication (13.7%). A recurrence occurred in one patient. Late mortality rate was 6.8% (n=4).

Conclusions

Cardiac myxoma is usually diagnosed in asymptomatic patients. Surgery has low morbidity and mortality with favorable long-term outcomes and low recurrence rate during follow-up.

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