Abstract

A 51 year old lady who was previously healthy, presented with recurrent episodes of pre syncope on effort and worsening exertional dyspnea over two months duration. There was no history of angina, palpitations or chronic cough. Her past medical history, surgical history, drug history and family history were unremarkable. She denied constitutional symptoms.

On examination, she was afebrile. Her cardiology examination was unremarkable except clinically benign systolic murmur best heard at the apex. Her chest x ray & ECG were unremarkable and planned for 2D echo.

Her 2D echocardiogram revealed a large atrial myxoma (69x39mm size) on the left side and mild mitral valve regurgitation. Then she was referred for a cardiothoracic unit for early excision of atrial myxoma. Surgical excision was quite successful and she recovered without complications.