Experience Mics For Management Of Left Atrial Myxoma In Rural Area

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Introduction

Left atrial (LA) myxoma is the most common primary cardiac tumor, typically arising from the interatrial septum and manifesting with obstructive, embolic, or constitutional symptoms.
Although median sternotomy has long been the standard approach for excision, minimally invasive cardiac surgery (MICS) approach offers comparable outcomes with reduced operative trauma and faster recovery.

RSUD Abdul Wahab Sjahranie is the first center in the middle region of Indonesia to adopt trans axillary MICS for cardiac tumors.

Method

- Retrospective review of 3 patients undergoing minimally invasive LA myxoma excision
- TTE/TEE confirmed LA mass attached to interatrial septum
- Right anterior thoracotomy (5–7 cm; trans-axillary or anterior)
- Femoral arterial and jugular–femoral venous cannulation; cooling to 32°C
- Chitwood clamp, antegrade Del Nido cardioplegia; resection via transeptal, Waterston groove, or right atriotomy

Results

All patients underwent successful excision. Extubation occurred within 4 hours, ICU stay averaged 3 days, and all were discharged on postoperative day 5

No concomitant postoperative complications were identified

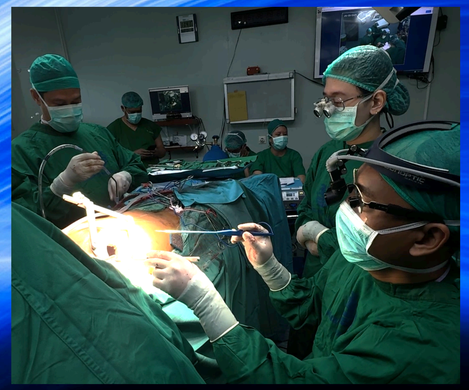
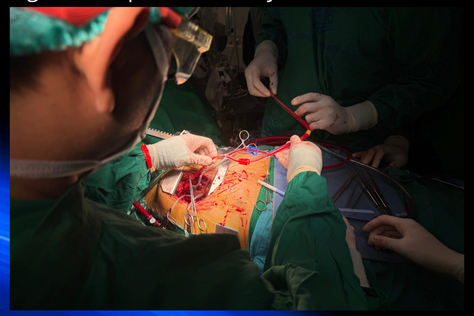


Figure 1. Cardiac Surgery Team

Figure 2. Cardiac Surgery Team

Figure 3. Expose on LA Myxoma



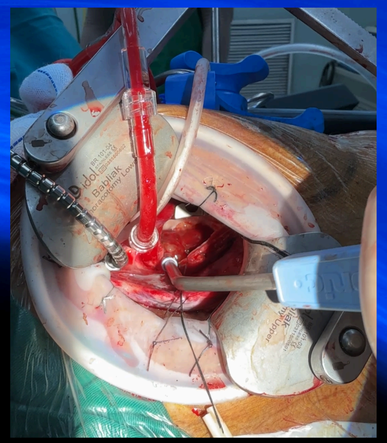


Figure 4. Expose on LA Myxoma

Figure 5. Excision on LA Myxoma

Figure 6. Complete Excision on LA Myxoma

Minimally invasive LA myxoma excision is safe and feasible, providing favorable early outcomes.