Atrial Myxoma in pregnancy: a case report

E. Gott[1], M. Stacey[2]

1. Specialist registrar, University Hospital of Wales, Cardiff

2. Consultant anaesthetist, University Hospital of Wales, Cardiff

Obstetric Anaesthetists' Association
Promoting the highest standards of anaesthetic practice in the care of mother and baby

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

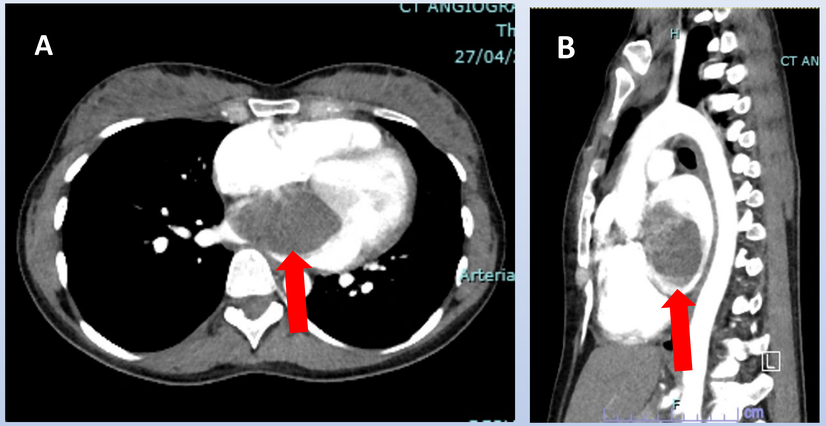
INTRODUCTION

Atrial Myxomas are rare benign tumours of the heart which cause a range of clinical manifestations, sometimes with fatal consequences.

We describe a case of an atrial myxoma causing severe mitral regurgitation in a 19 week pregnant lady. She underwent successful excision and mitral valve repair and went on to have an uncomplicated pregnancy.

CASE REPORT

- 29 year old G2P1 presented at 19/40 gestation with sudden onset chest pain and breathlessness.
- CTPA: large 7.5cm filling defect in the left atrium (*figures A & B)*
- Echo: atrial myxoma causing severe mitral regurgitation.
- At 20/40 gestation, she underwent mitral valve repair and excision of the atrial myxoma.
- Cardiopulmonary bypass (CPB) duration was 2 hours 23 minutes at high flows, high pressures and relative normothermia (34°C).
- The patient made an excellent recovery and the rest of her pregnancy continued uneventfully.
- Labour was induced at 38+4. She received an early epidural and had a successful vaginal delivery with forceps assistance.



Cardiopulmonary bypass in pregnancy
High flow rates (>5/min)
High pressures (MAP 70-75mmHg)
Mild hypothermia/normothermia
Adequate haematocrit levels (25-27%)

REFERENCES

1. John AS, Connolly HM, Scaff HV et al. 'Management of cardiac myxoma during pregnancy: A case series and review of the literature'. *International Journal of Cardiology*. 2012. 155(2): 177-180.
2.. Yuan SN. 'Indications for Cardiopulmonary Bypass during pregnancy and impact on Fetal outcomes'. *Gerburtshilfe und Frauenheilkunde*. 2014. 74 (1): 55-62.

DISCUSSION

- Atrial myxomas incidence: 0.5 cases per million per year. The reported incidence in pregnant women is unknown[1].
- Although benign in nature, they can be life threatening.
- Can present with cardiac, embolic or constitutional symptoms such as fatigue or weight loss.
- In the non-pregnant patient, cardiac surgery to excise the myxoma is often the treatment of choice. However, the risk of CPB in pregnancy can complicate this decision.
- Maternal mortality is now similar to that of non-pregnant women, but fetal mortality remains high.
- Risk factors for fetal death: Urgent, high risk cardiac surgery, maternal comorbidities and low gestational age[2].
- Delaying surgery until the 3rd trimester or until after delivery is recommended[1]
- CPB techniques have to be altered (*see table*) to minimise disruption to uteroplacental perfusion [2].

CONCLUSION

Although a rare condition, this case highlights the challenges surrounding the optimal timing of surgical intervention and how altering CPB perfusion techniques can maintain fetal wellbeing.