

A Diagnostic Dilemma and Considerations for Delivery of a Parturient with a Right Atrial Cardiac Mass

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Case Description

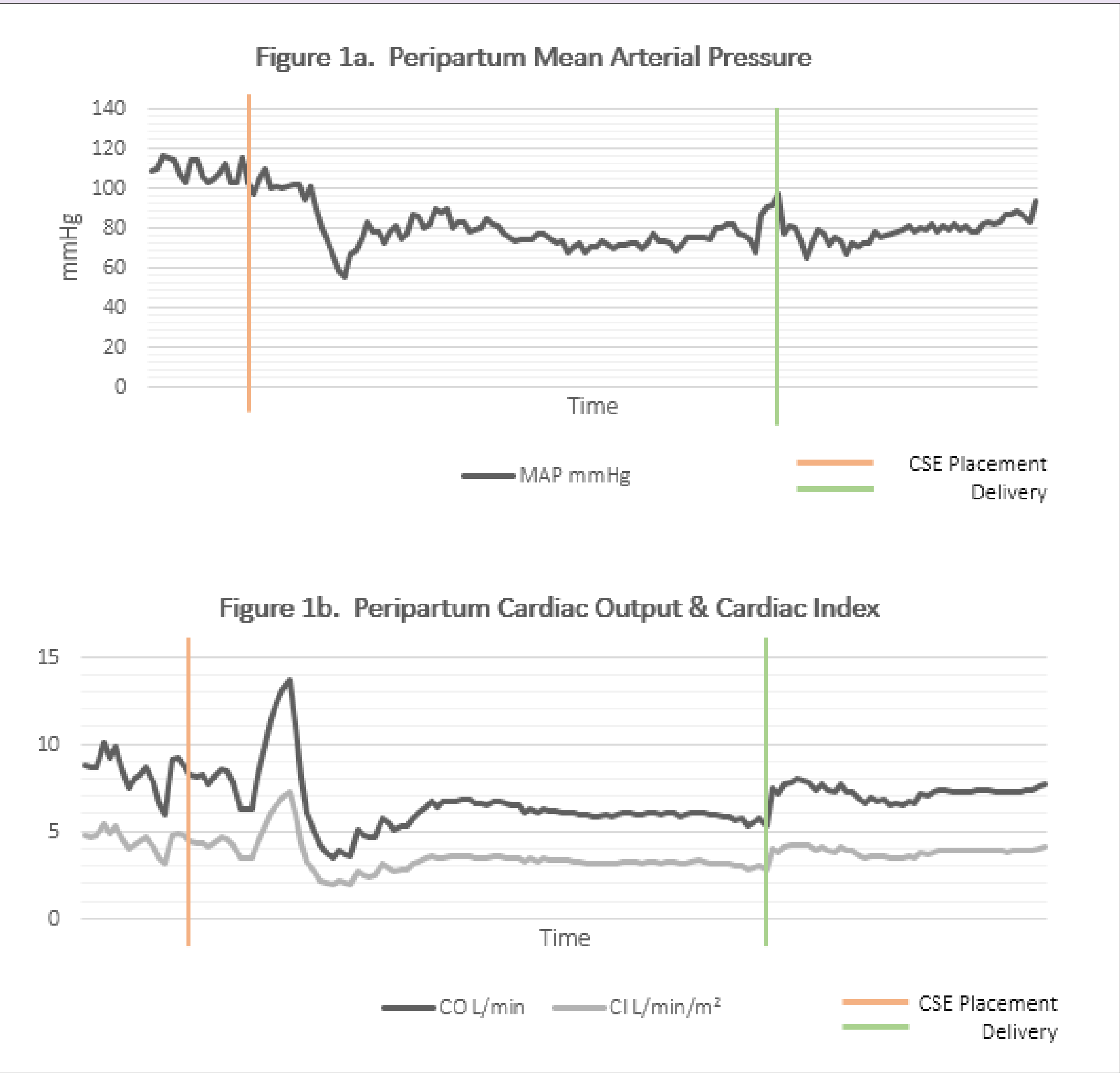
- **23-year-old G1P0** presented at 25 weeks with **palpitations** and **dyspnea**
 - Pregnancy complicated by **hyperemesis gravidarum**
 - **PICC line** placed for TPN given severe HG
- Despite resolution of hyperemesis, continued to have worsening dyspnea
- EKG showed **right axis deviation**
- TTE revealed **2-3cm mass in the right atrium**
 - Concern for myxoma vs thrombus
- Patient placed on **prophylactic enoxaparin** & followed by cardiothoracic surgery outpatient
- At 32 weeks, she was **admitted** for significantly worsening symptoms
- Scheduled **cesarean delivery** at 33 weeks
 - Performed under neuraxial anesthesia
 - 2101-g living infant was delivered (APGAR scores 3, 7)
- Six days postpartum → **staged cardiac intervention** with **sternotomy & cardiopulmonary bypass** for excision of the mass
 - Intra-op TEE showed unexpected pathology
- Unexpectedly, final pathology revealed a **mass-forming thrombus** with myxoid spindle cell elements.

References

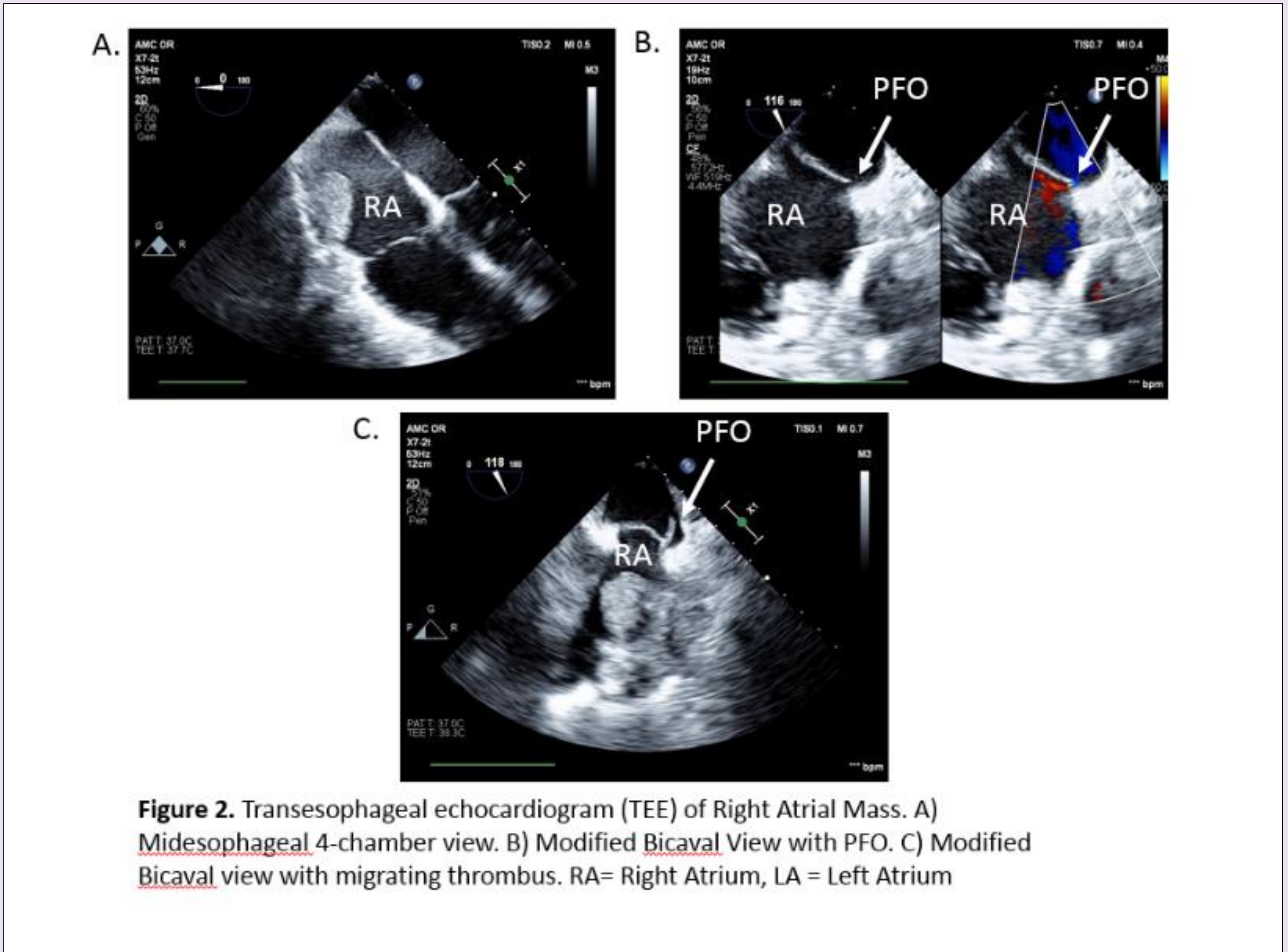
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2. Nguyen A, Schaff H. Cardiac Surgery During Pregnancy. Cardiac Problems in Pregnancy. 4 ed. John Wiley & Sons, Ltd.; 2019:359-369:chap 26.
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Intraoperative Management

Cesarean Delivery



Cardiac Mass Excision



Concluding Points

- C-section under neuraxial anesthesia **avoided risks** of general anesthesia & controlled ventilation
- Major cardiac intervention (sternotomy & cardiopulmonary bypass) performed because patient was **having worsening symptoms**
- Intra-op TEE showed incidental **PFO** with clot **actively migrating** through
- Cardiac thrombus was likely **associated with PICC line** placed for TPN in an otherwise healthy female patient

The Diagnosis...

