ACUTE ISCHEMIC STROKE CAUSED BY LEFT ATRIAL MYXOMA AND TREATED BY INTRAVENOUS THROMBOLYSIS

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Background: A myxoma is a primary benign heart tumor. The incidence was reported being < 0.1%. The clinical appearance of myxoma varies from non-specific to life-threatening complications, such as stroke, acute heart failure, pulmonary hypertension, or sudden death. Acute ischemic stroke can be the first clinical manifestation of a left atrial myxoma. Our aim is to highlight this rare condition that often affects young female.

Methods: We present the case of cardiac myxoma stroke, treated by intravenous thrombolysis (IVT).

Case report: A 39-year-old woman who was admitted to our stroke center for Broca s aphasia and mild right-sided hemiparesis, without conventional stroke risk factors. National Institute of Health Stroke Scale (NIHSS) score was 6. An initial non-contrast head CT scan was normal, ASPECT score = 10. CT angiography showed no anomalies. Brain DW-MRI detected acute cortical infarction in the left frontal lobe. All criteria for IVT were met, thus the patient received 0.9 mg/kg intravenous rt-PA (total of 67 mg) per standard protocol 118 min after symptom onset. A control CT scan showed no evidence of hemorrhage. A 12-lead electrocardiogram (ECG), bedside ECG monitoring and 24-hour Holter monitoring revealed normal sinus rhythm. During the hospitalization, the neurological deficit improved (NIHSS score = 1, modified Rankin Scale 1). Follow-up brain MRI confirmed a small postischemic lesion in the left frontal lobe – precentral area (*Figure 1*). The thrombophilia was not detected. For the purpose of determining the etiology of the stroke, transthoracic (TTE) and transesophageal (TEE) echocardiography were employed (*Figure 2, 3*). The results showed the presence of a spherical mass (diameter 25 mm) in the left atrium (without mitral valve obstruction), very suspicion of a myxoma. The patient underwent an uncomplicated resection of the left atrial mass. Pathology findings were consistent with a myxoma. Three-month modified Rankin Scale was 0.

Conclusion: In our case, IVT for cardiac myxoma stroke was safe and effective. For an improved diagnostic accuracy, brain MRI and echocardiography are imperative for young stroke patients in order to identify the cerebral infarct and to determine the stroke of a cardiac origin. Surgical resection of left atrial myxoma is the treatment of the choice.



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