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Case Report

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Complex Hybrid Cardiac Surgery - Invasive Cardiology Procedures: Over 80 Years Old Left Atrial Mixoma Case Report

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Introduction

With increase in life expectancy and improvement of quality of life, the need for proper management and life-extension measures together with appropriate medical procedures arises. This case report shows how effective and successful can be even a complex invasive procedure in the life of a geriatric patient and the multidisciplinary approach to cardiac pathology in a elderly patient with comorbidities. This case report discusses a geriatric patient over 80 years old with a voluminous left atrial mixoma who underwent complex cardiac surgery - invasive cardiology procedures. The procedures consisted of removal of the large myxoma, replacement of mitral valve with biological prosthesis and PTCA for coronary occlusion.

Body

Mixoma, a primary being tumour arising mostly in the left atrium and with a prevalence in the general population of 0.03%. Over 80-year-old female patient with Cardiovascular risk factors: arterial hypertension, type II diabetes mellitus, obesity. Patient affected by several Associated pathologies: outcomes of surgery for bilateral cataracts, chronic sinusitis, GERD, gastroduodenitis in 1998, cholecystectomy, senile atrophic vaginitis, urinary incontinence since 2002, outcomes of bilateral hip arthroplasty, left shoulder arthrosis, scapulohumeral periarthritis, varus knee. For about 2-3 years onset of dyspnea on exertion for moderate efforts, currently mild. Patient reported having recently undergone an echocardiogram and having undergone a specialist visit received indicated this hospitalization for diagnosis of left atrial myxoma to undergo surgery. Large left atrial mixoma was the diagnosis at hospital admission. Moreover, preoperative coronary angiogram revealed critical stenosis of the anterior descending (DA) and right (RCA) coronary arteries. After collegial discussion, a hybrid strategy was chosen with percutaneous revascularization following the surgery.

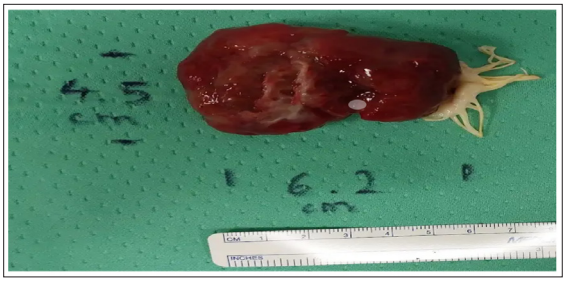

Figure 1: Mixoma removed. With the anterior mitral leaflet chronically deformed by the neoformation

The patient first underwent surgery to remove the left atrial myxoma (later confirmed during histology evaluation), through standard approach with median sternotomy, cardiopulmonary bypass and cardiaplegic cardiac arrest. Due to residual severe mitral regurgitation, as consequence of chronic deformation of the mitral valve lefleats by the neoformation, replacement of the mitral valve with bioprosthesis was necessary.

After 4 days of the surgery, successful revascularization of critical stenosis at the ostial and mid-section of the DA coronary artery was performed using direct DES implantation, and stenosis at the mid-section of the RCA was treated with pre-dilation and DES implantation.

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Patient was transfused with 2 blood units for peri-operative anemia. After a 7-days uneventfull postoperative course, the patient was discharged. The 1st month echocardiographic control showed normal bi-ventricular contractility, no periprosthetic leaks and mild aortic regurgitation.

Conclusion

In this case report, it is shown the unique aspect of complex multidisciplinary approach to complex cardiac pathology in an elderly patient with co-morbidities. A hybrid strategy of cardiac surgery with mixoma removal and valve replacement paired with PTCA allowed for proper and successful management of the disease, even with the presence of co-morbidities and advanced age of the patient.