

THE MALIGNANCY OF A BENIGN TUMOR

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A 67-year-old man with fatigue and dyspnea, in NYHA class IV, was admitted to our hospital. His evaluation, physical ex-

amination, and other investigations were carried out. An atypical finding was found and he was referred for cardiac surgery.

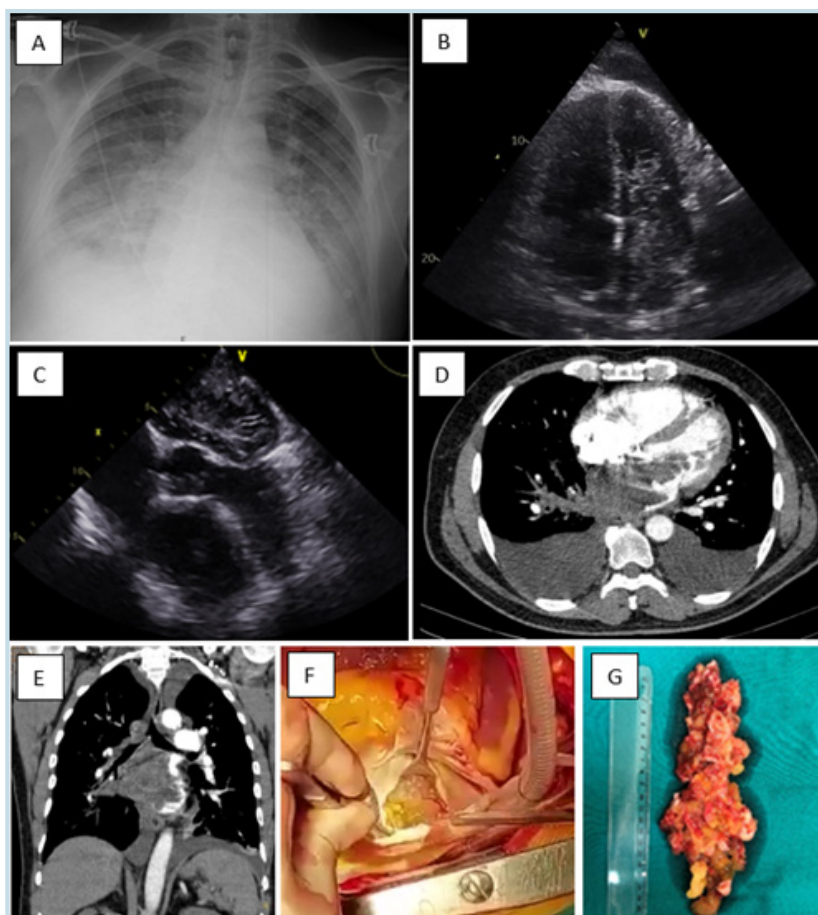


Figure 1

(A) Chest X-ray compatible with congestive heart failure. (B and C) Transthoracic/transesophageal echocardiogram revealed a hyperechogenic mass, with irregular contours, that occupies the entire left atrium and prolapses to the left ventricle, causing severe mitral stenosis. (D, E) Thoracic CT angiogram showed an irregular hypodense mass with 94x68mm occupying almost all left atrium with invasion of pulmonary veins and without enhancement after intravenous contrast (F) Operative view of the tumor through a right atrium transeptal approach (G) Resected specimen whose anatomical pathology revealed to be a villous atrial myxoma.