

# Malignancy of a Benign Tumor

## A Malignidade de um Tumor Benigno

Andre L Antunes<sup>1,2</sup>, David Prieto<sup>1,2</sup>, Pedro E Antunes<sup>1,2</sup>

<sup>1</sup>Cardiothoracic Surgery Department, Coimbra University Hospital, Coimbra, Portugal. <sup>2</sup>Faculty of Medicine, University of Coimbra, Coimbra, Portugal.

## Background

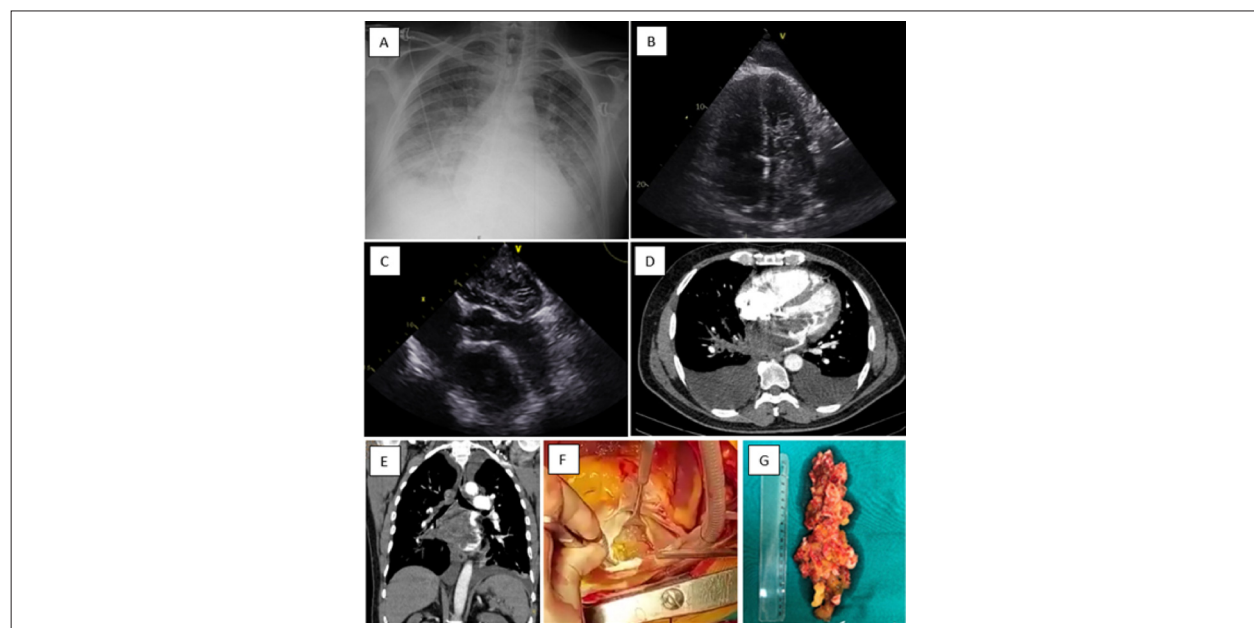
Cardiac tumors can be classified into primary and secondary types. Primary tumors are more common, and the majority of them are benign (70%), with myxomas being the most frequent. However, the overall incidence is rare, ranging from 0.15% to 0.2% in autopsy series. Here we present an image of malignancy of a benign tumor.

## Image Case

A 67-year-old man with complaints of tiredness and dyspnea and New York Heart Association class IV heart failure was admitted to our hospital. A physical examination and other tests revealed an atypical finding, and the patient was referred for cardiac surgery.

## Conflict of interest

The authors have declared that they have no conflict of interest.



**Figure 1** - (A) Chest X-ray showing congestive heart failure. (B) Transthoracic echocardiogram revealing a hyperechogenic mass with irregular contours occupying the entire left atrium and prolapsing to the left ventricle, causing severe mitral stenosis. (C) Transesophageal echocardiogram revealing a huge irregular and heterogenous mass occupying almost the entire left atrium. (D, E) Thoracic computed tomography angiogram (axial and coronal views) showing an irregular hypodense 94 x 68 mm mass occupying almost the entire left atrium and invading the pulmonary veins and showing no enhancement after the injection of intravenous contrast. (F) Operative view of the tumor through the right atrial transeptal approach. (G) Resected specimen whose anatomical pathology was revealed to be a villous atrial myxoma.

## Keywords

Atrial Myxoma, Cardiac Primary Tumor, Pulmonary Vein Invasion.

**Mailing Address:** André L Antunes •

Centro Hospitalar e Universitário de Coimbra, Serviço de Cirurgia Cardiorrespiratória e Transplantação de Órgãos Torácicos, Praceta Mota Pinto, 3004-561 Coimbra, Portugal. E-mail: andre.d.lima.antunes@gmail.com  
Manuscript received 3/17/2021; revised 3/20/2021; accepted 3/22/2021.

DOI: 10.47593/2675-312X/20213403eabc197

