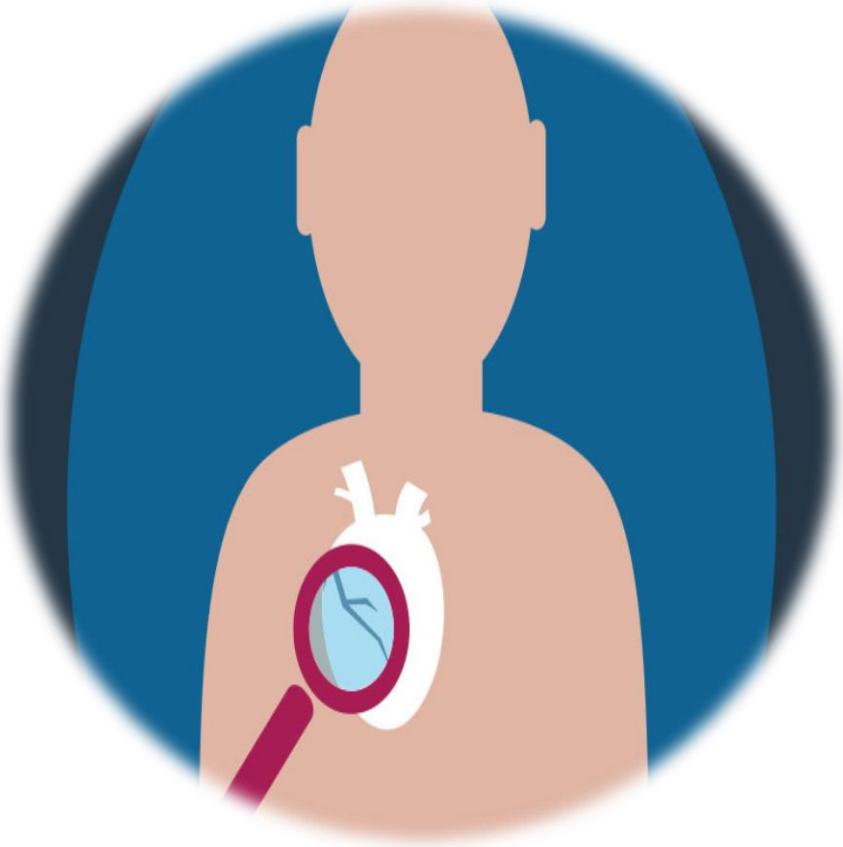
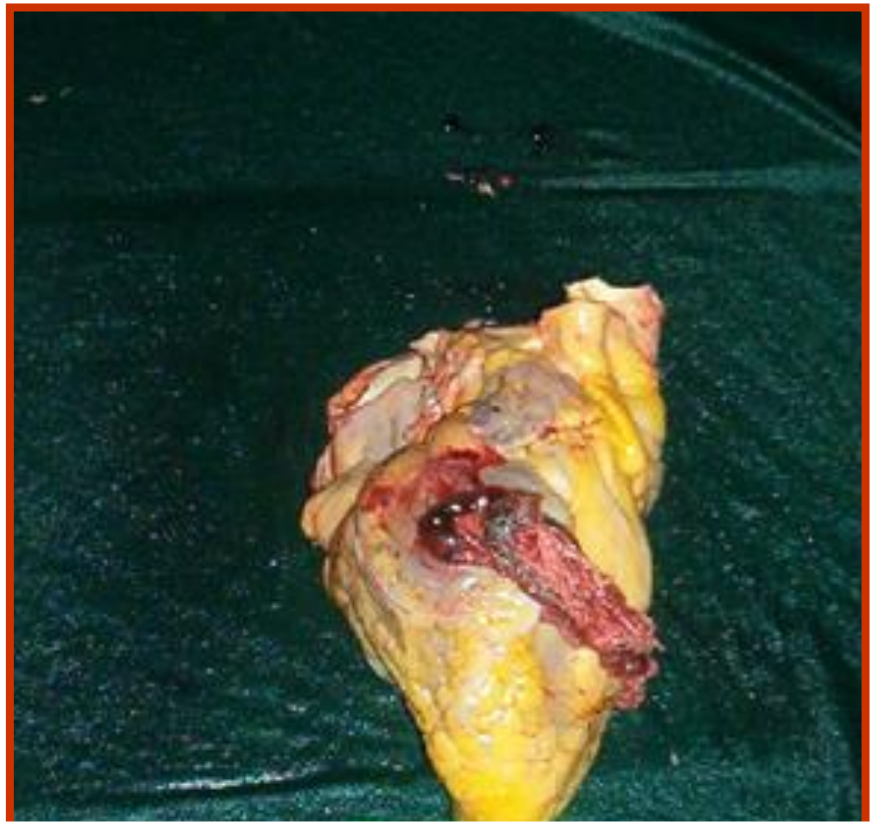
Unexpected Passing of a Cardiac Myxoma case

Pathology aspect

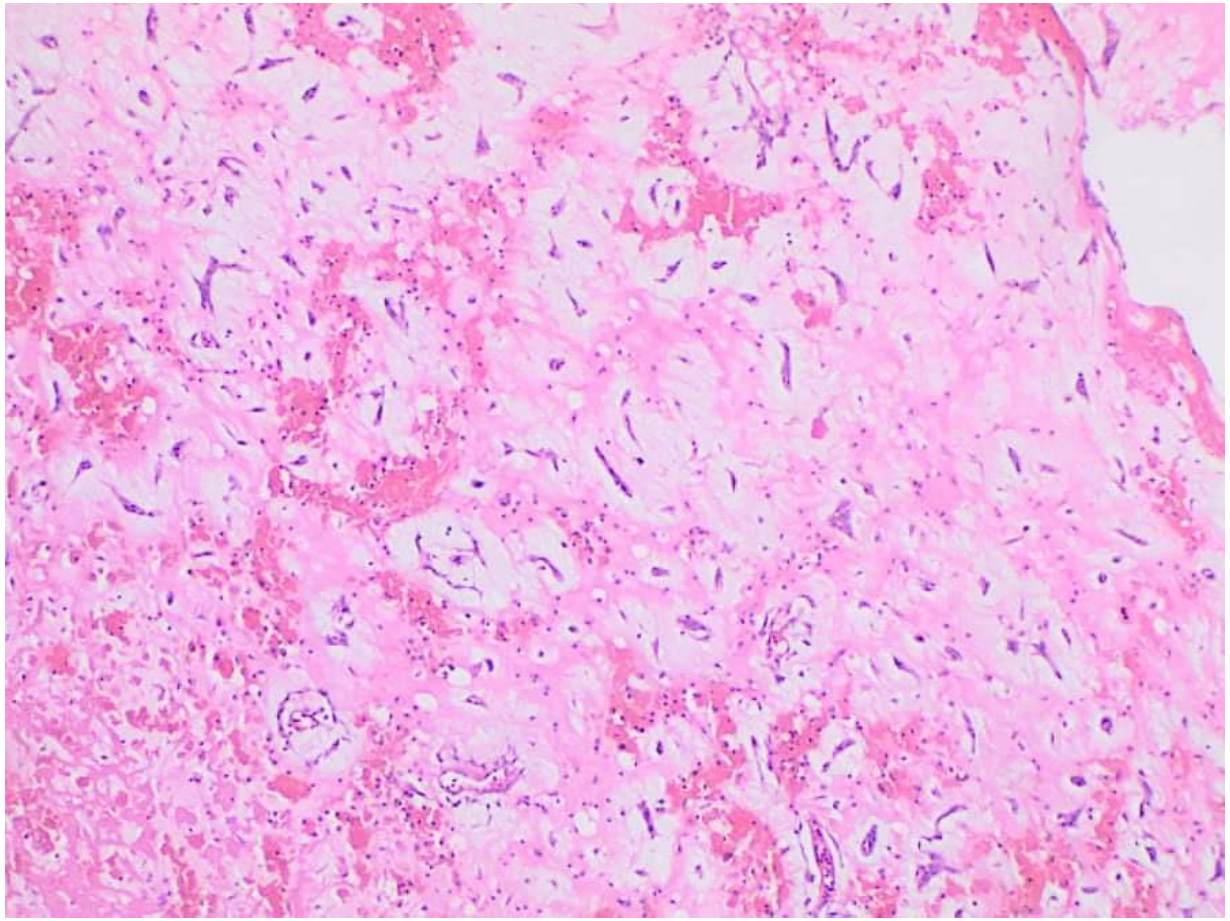


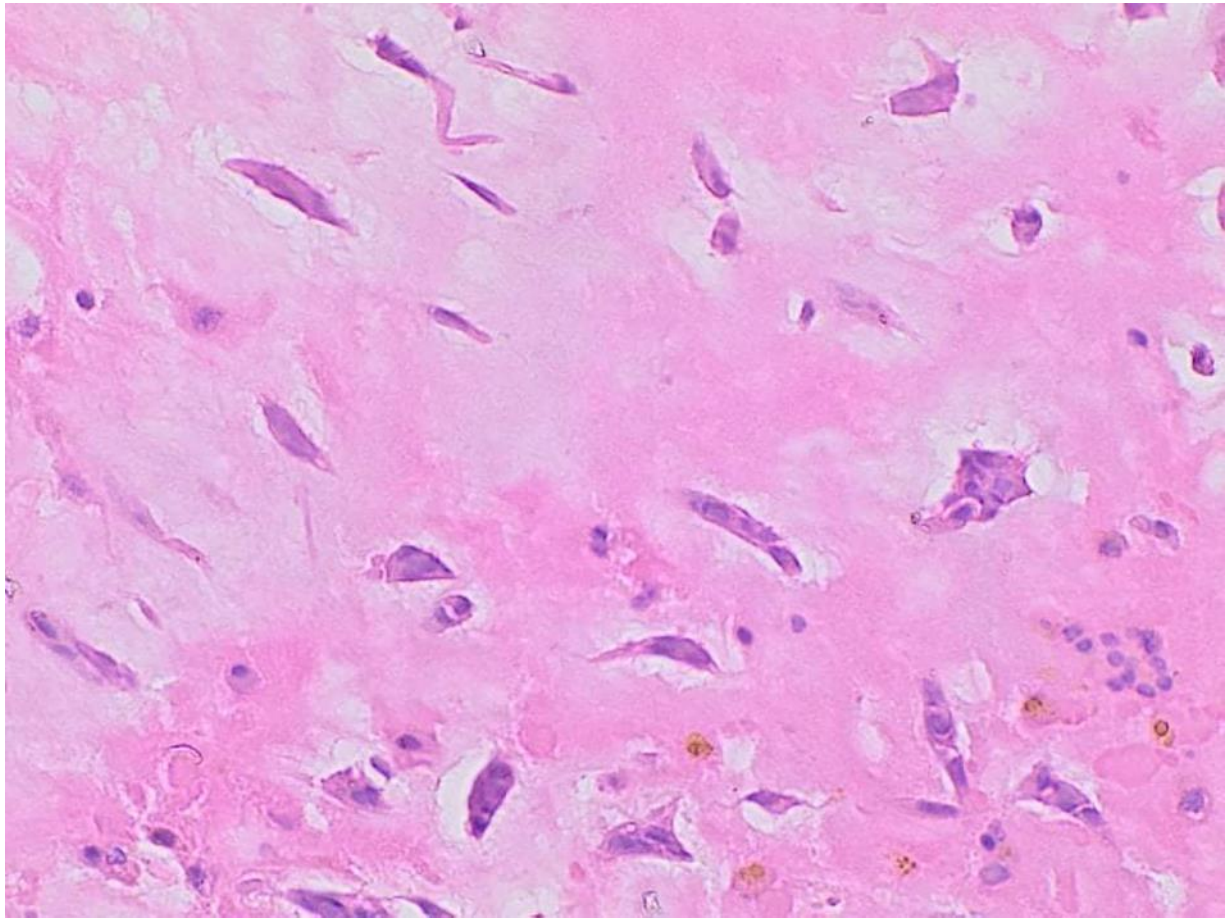
Dr Aye Aye Wynn, Dr Nang Khin Mya



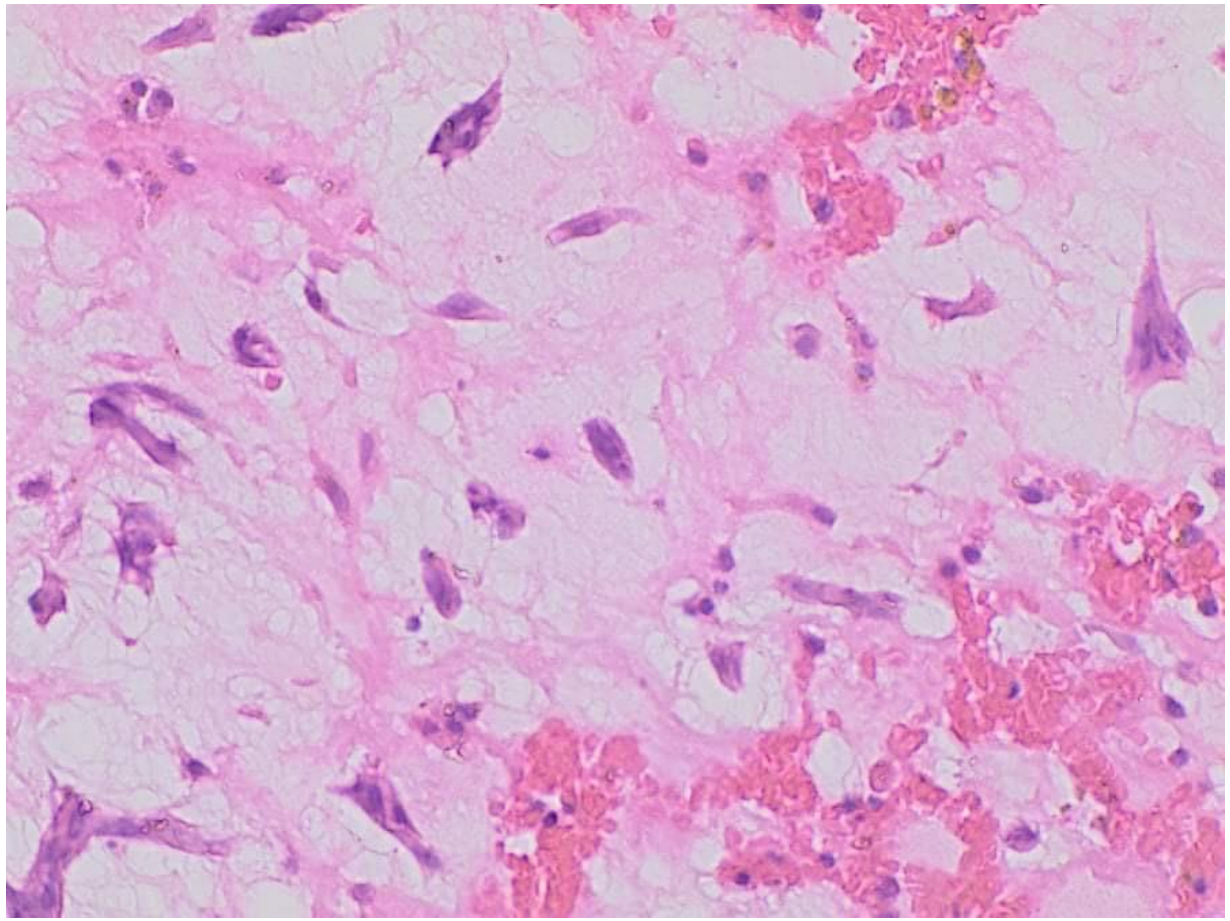
- Sudden collapse of a hypertensive patient
- Autopsy done and received autopsied small fragmented tissue from left atrium
- Friable, gelatinous tissue
- All embedded for histology

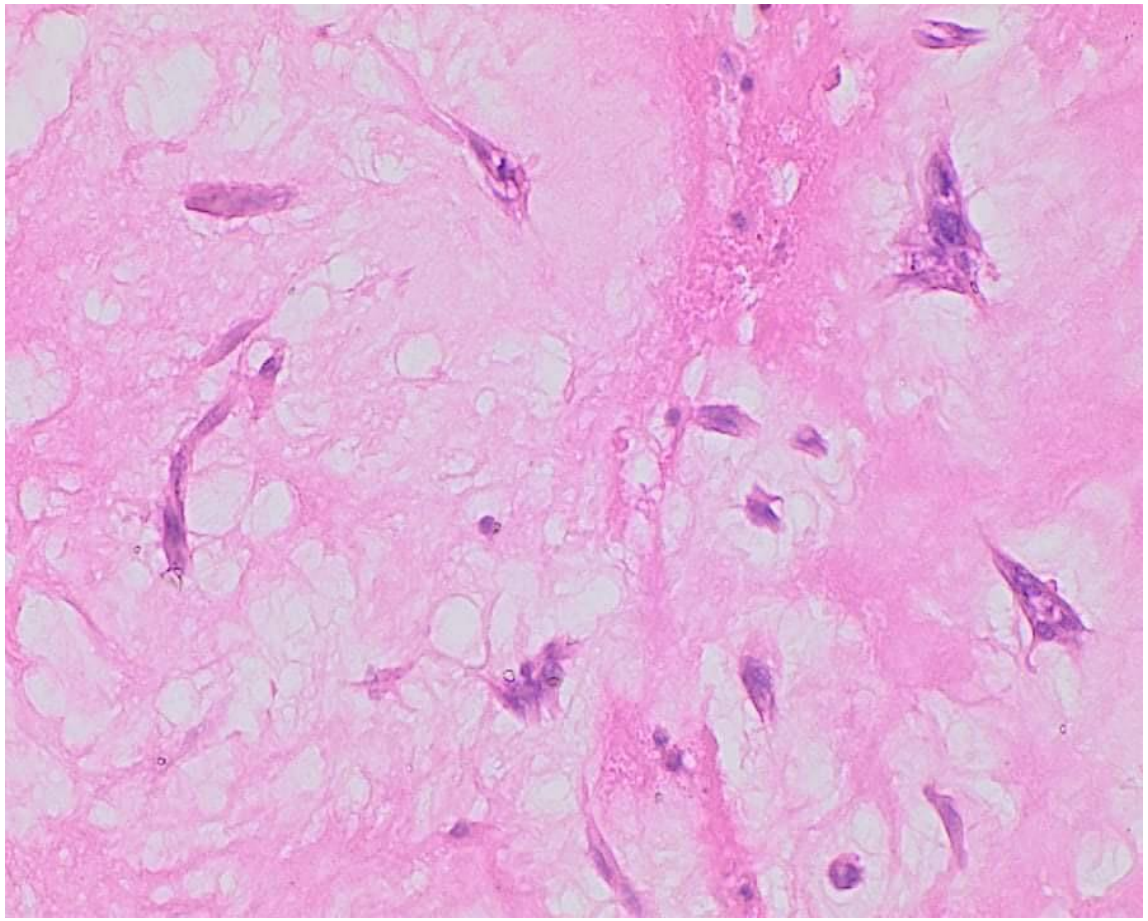
Neoplastic (lepidic) cells within myxoid stroma



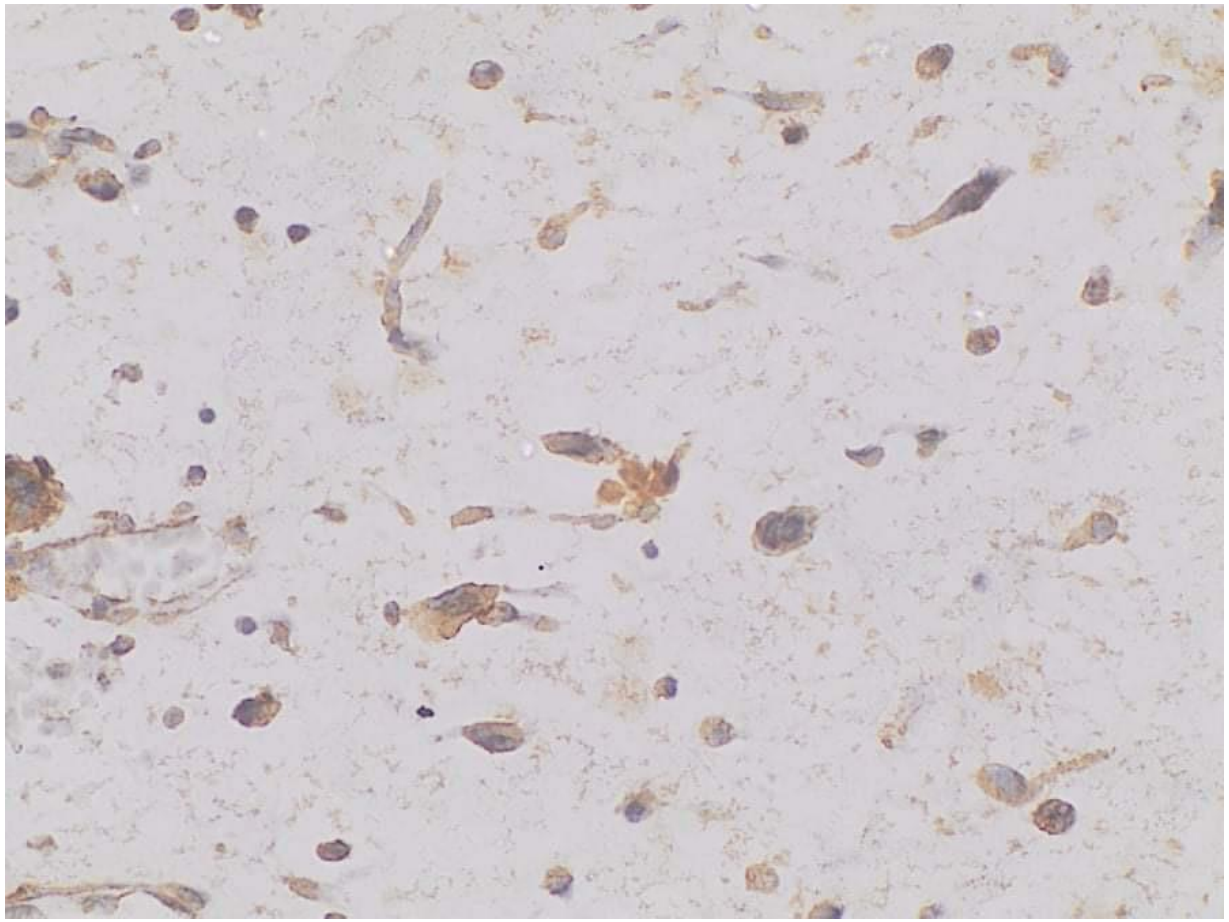


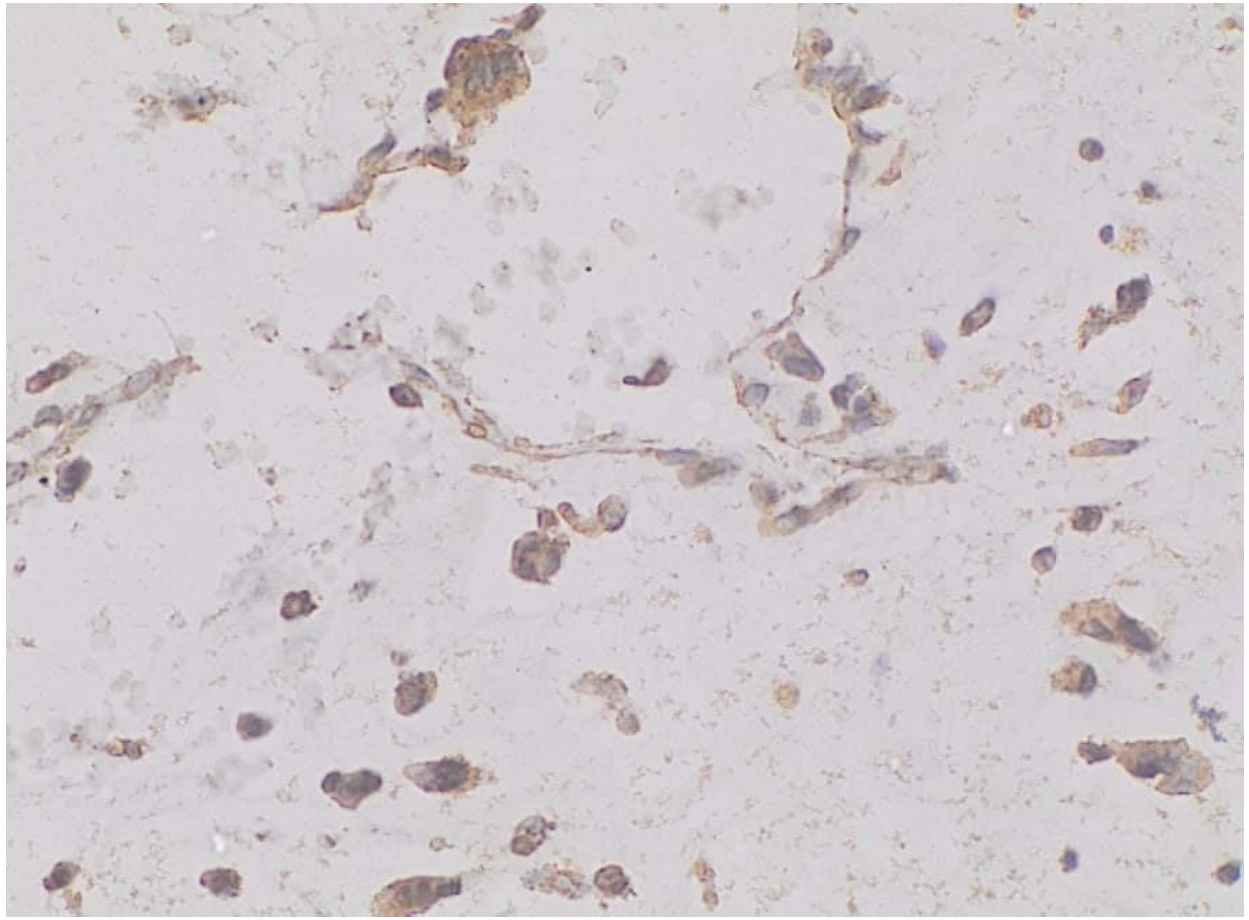
Tumour with Haemorrhage and haemosiderin pigment





IHC: Vimentin & S100





Histological report

Autopsy number 418/----

- The histological sections showed proliferation of stellate shaped myxoma cells, in single or forming cords
- There is myxoid stroma and the absence of necrosis. No features of mitotic activity and significant cell atypia.
- Inflammatory cells and haemorrhage are noted in areas.
- IHC revealed S100 & vimentin positivity in myxoma cells.

Remark: Consistent with myxoma, left atrium

Pathology of cardiac myxoma

- Cardiac myxoma is a rare benign tumor
- a solitary, sporadic, pedunculated mass
- Most common primary tumors of the heart mainly in the left atrium
- frequent embolization, mitral valve obstruction & sudden death

- 90% are sporadic , 10% are familial with AD transmission (Carney syndrome) characterized by
  - ✓multiple cardiac and extracardiac (skin) myxomas
  - ✓spotty skin pigmentation
  - ✓endocrine overactivity
  - ✓schwannomas
  - ✓ epithelioid blue nevus

Prognosis

- typically benign tumors but possible local (after incomplete resection) or distant (due to tumor embolization) recurrence
- If untreated, cardiac myxomas may cause systemic embolism and CVA or valve obstruction with CHF
- Spontaneous or traumatic rupture
- Embolic phenomena due to overexpression of matrix metalloproteinase
- Greater recurrence risk in myxomas associated with Carney syndrome

Lancet Oncol 2005,6:219, Heart Vessels 2018,33:1403, Acta Neurol Belg 2015; 115: 737-9, https://doi.org/10.1536/ihj.15-327

Thank you