**"Myxoma Unleashed: The Heart's Unseen Peril"**

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**INTRODUCTION**

Atrial myxomas are the most prevalent primary cardiac tumors and typically involve the left atrium. Myxomatous embolization involving the coronary arteries are rare but have been documented as a cause of acute myocardial infarction. (1) Focus echocardiography done in emergency department may help to detect and guide the management.

**CASE REPORT**

A healthy 20-year-old gentleman presented to emergency department with reduced conscious level and was found gasping upon arrival. He was afebrile with a blood pressure of 121/85 mmHg, heart rate of 113 beats per minute, and an oxygen saturation of 98% on a ventilator as he required emergency intubation. His lungs examinations were clear, but a systolic murmur was noted, loudest at the left lower sternal edge. A 12-lead ECG showed ST elevations at inferior and lateral leads without right or posterior involvement. Focus echocardiography revealed a large oscillating mass in the left atrium attached to the interatrial septum suggestive of myxoma. A CT brain was done to exclude intracranial pathology and showed no significant findings. In view of patient’s haemodynamics were deteriorating and evolving ST elevations on ECG, thrombolytic therapy and dual antiplatelet were administered after consulting with a cardiologist in cardiology centre. ECG post thrombolysis showed resolution of ST segments. The patient was then transferred to a cardiology center for further management but unfortunately passed away before an angiogram could be performed.

**DISCUSSION**

Establishing a diagnosis of cardiac myxoma as a rare trigger for AMI can be particularly challenging. Affecting young patients and typically presenting as sudden chest pain, this condition often involves normal coronary arteries in about half of cases, indicating atypical heart disease risk factors(2).Echocardiography is vital for assessing intracardiac masses, distinguishes between tumors, thrombi, and vegetations while providing dynamic bedside evaluation (3). Echocardiography is imperative for effective patient management guidance especially for those presenting with angina symptoms with or without ECG changes.

**CONCLUSION**

While rare, atrial myxoma should be considered in the differential diagnosis of myocardial infarction, especially in young patients without typical risk factors for coronary artery disease. Timely diagnosis through echocardiography can lead to appropriate management and prevention of further complications.

1. Aristotelis Panos, AfksendiyosKalangos, and Juan Sztajzel authored the article "Left atrial myxoma presenting with myocardial infarction: Case report and review of the literature," published in the International Journal of Cardiology, Volume 62, Issue 1, in 1997.
2. Cardiac myxoma: a rare cause of acute myocardial infarction. Turk Gogus Kalp Dama 2016;24:
3. Priscilla J. Peters, BA, RDCS, FASE, and Sean Reinhardt, MD, from Camden, New Jersey, authored "The Echocardiographic Evaluation of Intracardiac Masses: A Review."