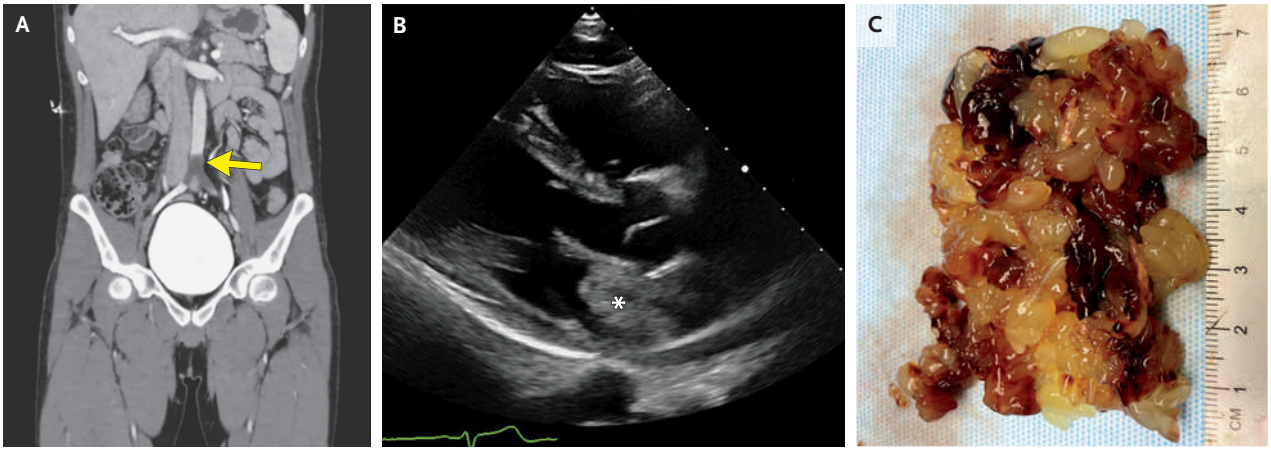
IMAGES IN CLINICAL MEDICINE

Abdominal Aortic Occlusion from Left Atrial Myxoma Embolism



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A previously healthy 26-year-old man presented to the emergency department with sudden onset of severe pain in the legs and inability to move the left leg. On physical examination, the patient had complete loss of motor function in the left leg. Dorsalis pedis pulses were faint on both sides. Ultrasonographic examination that was performed at bedside with the use of color Doppler showed no blood flow in the distal aorta. Computed tomographic angiography of the abdomen revealed a saddle embolus at the aortoiliac junction (Panel A, arrow). Emergency aortoiliac embolectomy was performed, and a gelatinous mass was removed. A subsequent transthoracic echocardiogram identified a heterogeneous mass in the left atrium (Panel B, asterisk). On hospital day 2, cardiothoracic surgery was performed to remove the left atrial mass, and a villous, friable lesion was excised (Panel C). Histopathological testing of the cardiac mass showed abundant mucopolysaccharide matrix with scattered nests of lepidic cells, findings consistent with a cardiac myxoma. A final diagnosis of acute abdominal aortic occlusion due to embolism of a left atrial myxoma was made. The patient recovered well. Genetic testing for the Carney complex, an inherited cancer syndrome associated with cardiac myxomas, was ordered but was not completed by the patient. By 2 months of follow-up, the patient had returned to work.

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