Management of urgent left atrial myxoma removal surgery in a patient with hemodynamic compromise and full stomach.

Primary Author: Aleksandr Roberman MD
Albert Einstein College of Medicine - Montefiore Medical Center

Co-Authors: Andrey Apinis, MD;

A 59-year-old male with unknown past medical history presented to the Emergency Department after an episode of syncope and worsening dyspnea. The patient underwent transthoracic echocardiogram and was found to have a large intracardiac mass encompassing the majority of the left atrium. The patient developed significant hemodynamic complications that were unaddressed up to the point of admission due to lack of outpatient health maintenance visits. The patient was scheduled for urgent cardiac surgery; however he had a full dinner of chicken and rice forty five minutes before anticipated surgery start. It was the opinion of the surgeon that delaying the case secondary to NPO status may be deleterious considering the size of the mass, its position and the patient's recent syncope. We would like to present this case because of multiple factors. The combination of a left atrial myxoma leading to severe symptomatic pulmonary hypertension with the additional complication of the patient having a full stomach prior to surgery led to a challenging induction during myxoma removal surgery.