A 12-year-old previously healthy girl developed syncope when walking at school. When she was seen in the emergency department, her heart rate was 115 bpm, the precordial impulse was active, and a thrill was palpated. Third and fourth heart sounds were heard. A grade 4/6 systolic ejection murmur was heard at the left upper sternal border. The chest x-ray demonstrated a mildly enlarged, globular heart. Diffuse T-wave changes were seen on the ECG. Echocardiography revealed a cardiac mass extending from the right ventricle across the pulmonic valve into the pulmonary artery (Figure 1). The mass was removed under cardiopulmonary bypass. The tumor measured 7×4×2 cm and was found to be a myxoma (Figures 2 and 3). Postoperative echocardiography documented an unobstructed right ventricular outflow tract (Figure 4). Myxomas, particularly those located in the right ventricular outflow tract, are exceedingly rare in pediatric patients.

Figure 1. Echocardiogram demonstrating tumor crossing right ventricular outflow tract. RV indicates right ventricle; T, tumor; and PA, pulmonary artery.

Figure 2. Gross appearance of cardiac mass.
Figure 3. Histology of tumor, typical of a myxoma.

Figure 4. Patent right ventricular outflow tract after tumor removal. Abbreviations as in Figure 1.
Right Ventricular Myxoma Obstructing the Right Ventricular Outflow Tract
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