Right Mini-Thoracotomy Versus Standard Sternotomy for Surgical Excision of Atrial Myxomas

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BACKGROUND:
Atrial myxomas are rare benign tumors; causing obstructive or embolic complications, and even death, depending on their site and size. Therefore, once diagnosed, it should be surgically resected. Atrial myxomas are present about 75% in left atrium (LA) and about 15% in right atrium (RA). Early diagnosis is a challenge because of nonspecific manifestations, and sometimes is asymptomatic and discovered accidentally during TTE.

OBJECTIVE:
Minimally invasive cardiac surgery (MICS) has benefits include cosmetically, less pain, shorter intensive care unit (ICU) and hospital stay.

PATIENTS AND METHODS:
Between January 2011 to September 2020, (20) patients [10 Sternotomy, 10 MICS] underwent surgery for isolated resection of cardiac myxoma. We reported outcomes; cardiopulmonary bypass time (CPB), cross- clamp time, conversion to median ST, length of stay, complications (stroke, renal failure, respiratory failure, reoperation, and infection), pain, patient□s satisfaction, recurrence and survival. Mean follow-up time was 6 months.

RESULTS:
There is no significant difference in CPB or cross-clamp time between groups. No MI cases required conversion to a median ST. Length of stay is shorter in the MI group by 2.2 days ($p = 0.045$). There is no difference in morbidity or mortality between groups.

CONCLUSION:
A minimally invasive approach for atrial myxoma resection is safe, feasible, and favored over sternotomy.

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