



The Recurrent Myxoma of the Heart

Abdumadzhidov Kh. A,

Academician V. Vokhidov Republican specialized surgical medical center (Tashkent)

Buranov Kh.Zh.

Bukhara State Medical University named after Abu Ali Ibn Sina (Bukhara)

ABSTRACT

Heart myxomas - primary good quality tumors _ b died , basically _ heart cameras , in particular k o' pro q left b occupies the die (ChB) . Heart of tumors less spread _ _ specialists by confession will be done and they are head q a heart tumors _ q ator 0.0017-0.02% cardial pathology organize reaches [1,2,4,6]. I

Keywords:

Heart

Sign in . Heart myxomas - primary good quality tumors _ b died , basically _ heart cameras , in particular k o' pro q left b occupies the die (ChB) . Heart of tumors less spread _ _ specialists by confession will be done and they are head q a heart tumors _ q ator 0.0017-0.02% cardial pathology organize reaches [1,2,4,6]. Including the heart myxomas k o' p in points (75%) ChB at is analyzed in 15-20% points right _ b in death (O' B), Kolgan in scores heart in the kidneys (5%) and one on time two b ' lmachada (biatrial myxoma) is diagnosed . _ The majority h ols myxomas the only one b die lib 7% in case of ani q lans they are pedigree autosomal dominant _ syndromes in the composition they meet .

Heart of myxomas relapses (pronounced q) are adequate done primary from practice or t s right _ h am 2-4% in h ols tell me is done [3,5,7,8]. Special in literature _ of myxoma q pronunciation in fact _ _ less data there is , however family of myxoma q pronunciation very less occurring is a situation . One how many times myxoma relapse because of done

are implemented _ in fact _ _ very little information cited , therefore for we own _ in our experience encountered family relapse myxomas in fact _ _ to the axis q aror we hung up . This data cardiac surgeons and that's it taalu q li specialists for q trace q arly ani q [2,4,6,8].

Clinical material and examination methods.

In our experience, 324 surgical procedures were performed due to myxoma , of which 6 (1.8%) were performed due to recurrent myxoma. In them, all primary operations were performed with adequate results. However, after 3-4 years, tumor recurrence (recurrence) was detected in them , including recurrence of familial myxoma . All 4 patients with normal recurrence underwent reoperation with good results . In this article, we want to think about that rare relapse of familial myxoma .

All the patients who referred to the clinic due to recurrence had repeated previous complaints (died before surgery), and because control echocardiography and dopplerography at their residences suspected recurrence of

myxoma, they were re-admitted to our clinic. In diagnostics, apart from EXOKG, X-ray examination methods, other organs and systems were checked, the diagnosis was confirmed in polyclinic conditions, hospitalization was performed. The information provided in the medical history extracts given to the patients is compared with the newly obtained information, and after the diagnosis of myxoma relapse, after the consultation of the surgeon, those who were hospitalized after the patient's consent with an operational plan. Preparation for operation performed under traditional conditions of artificial blood circulation and cardioplegia was 2-3 days. Then, according to the accepted methods in our clinic, a repeat operation was performed - resternotomy, cardiolysis and repeated myxoma removal. An important examination before the main stage is to analyze the location of the heart chambers and main blood vessels, the anatomy of the femur, and the results of the previously performed sternotomy. After that, after examining the back of the sternum again with intraoperative EXOKG, another sternotomy was performed with a special sternotome. No complications were observed in all 6 cases.

The operation of removing repeated myxomas was performed under general anesthesia, artificial blood circulation and cardioplegia accepted in our clinic. 4 of the patients were female, 2 were male. The total age of the patients was 43.6+3.7 years. Total artificial blood circulation and qti was 48.9+4.5 min., cardioplegia period was 41.6+3.8 min.n. Body temperature was 34.2+2.6 degrees C. In fact, the tumor size, location, mobility, and hemodynamic indicators were determined in patients with recurrent myxoma, and repeated tumor removal was performed. In tumors that have grown through the oval window, the walls of the compartments forming the basis of this tumor are resected, and the resulting defect is patched (plasty) with the help of autopericardium or fluorolon-lavsan, xenopericardium. 4 of the patients were also discharged from the clinic with good results.

Results and their discussion.

Most of the relapsed myxoma (4 out of 6), according to the clinical signs, the results of the examination, are the same as the recurrence of the symptoms of the primary case, and the results of the examination confirmed that, in fact, there was a tumor in the oval pit on the wall of the balls that were removed. After the general clinical and laboratory examinations, the patients were prepared for planned re-operation. The operation was performed again under general anesthesia and artificial blood circulation, cardioplegia. The main focus was on the stage of resternotomy, there were no complications. In all 4 cases of repeated myxoma, the reoperation was performed without complications: it was opened along the sutures, and the recurrence was cut with a surgical incision. Due to the fact that the oval fossa part of the interatrial wall was taken together with the tumor, xenopericardial patch was used in the reconstruction of this wall in 2 cases.

Let's talk separately about the family version of the recurrence of myxoma. A special review of the literature also confirms that such recurrent myxomas are rarely detected [4,5,6]. Patient J., 48 years old, came to our clinic after primary surgery - removal of myxoma, after 4 years the same again. tumor clinic with severe complications (high pulmonary hypertension, right ventricular failure, heart failure, decompensated level of blood circulation, in the case of anasarca). According to the results of intensive treatment and examination, the patient was diagnosed with multiple relapse myxoma. In this case, the patient was mainly diagnosed with tumors of the right heart, reduction of the right ventricular ejection fraction, very high pulmonary hypertension, therefore, right ventricular failure, tricuspid valve obstruction. ani q landi. The giant size of the tumor was 13x6cm, and one part of the tumor was identified in the right side of the dome. Taking into account the strong degree of growth of the tumor to the blood flow, the patient was re-operated with urgent indications. Reoperation: Removal of recurrent myxoma of the right side of the heart under conditions of artificial blood circulation and

cardioplegia (prof. Kha.A. Abdumadjidov). Due to the above-mentioned complications, general anesthesia of the patient was very

dangerous, thanks to the skill of the specialists, the patient passed this stage and repeated sternotomy without complications.

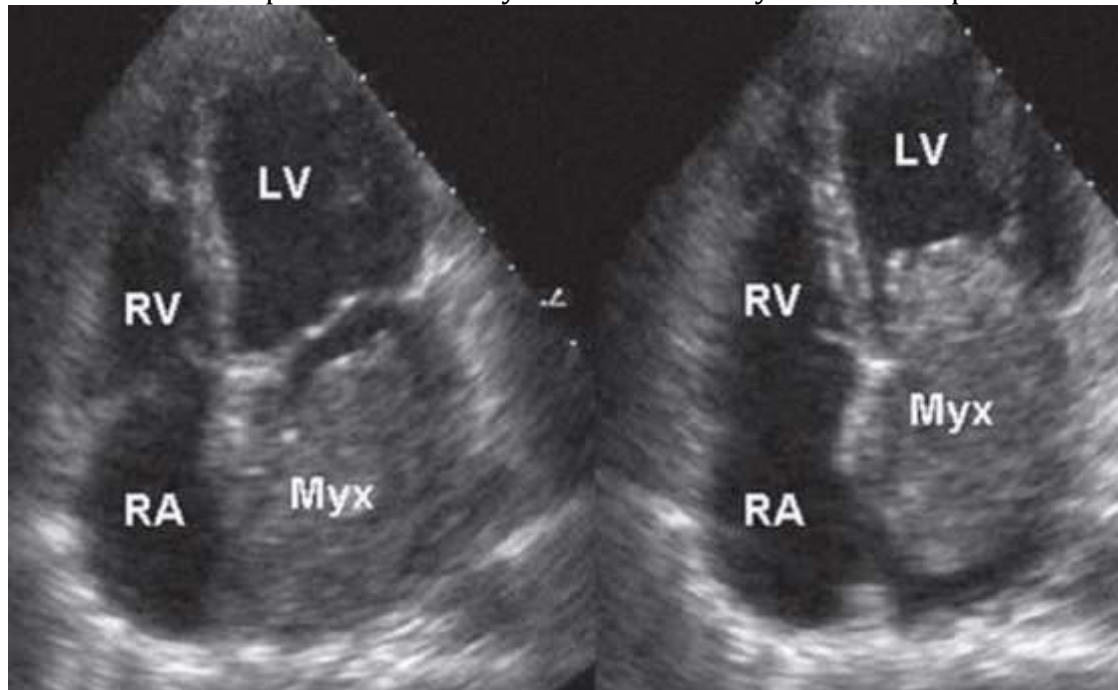


Figure 1.2. Giant left mitral myxoma enlarging the mitral orifice

Cardioplegia was performed mainly on the right side of the heart, and the aorta was recannulated. Cannulation of the superior and inferior caval veins was also very responsible, after cardioplegia, the right side of the heart was opened in a large volume. Revision: a very large myxoma, 13x6.5 cm in size, starting from the right side of the oval window, one part of the myxoma is located in the right side of the dome, soft A lumpy, "grape head"-shaped tumor was removed. The tumor in the right bulbar dome was removed without fragmentation. A large myxoma through the right atrioventricular window was also partially obturated, and these tumors were successfully removed. The root of the 2.5 cm dead tumor located in the oval window was completely removed, and the wall of the fragments was fixed with a 3x4 cm patch with the help of xenopericardium. Tricuspid functional insufficiency was detected in the revision. All tumors removed were treated with betadine and alcohol. No other pathology was found in the re-examination of cardiac chambers. The walls of the heart chambers were restored. Three times deaeration was performed under EXOKG control, aortic clamp

was removed, heart and blood were warmed to 37 g. Heart activity began to recover by itself. A myocardial electrode was attached to the upper right ventricle. Gradually, with the help of medicinal drugs, the activity of the artificial blood circulation apparatus was reduced, and at the stagnation of hemodynamic indicators, the activity of the artificial blood circulation apparatus was stopped with heart tonics in the middle.

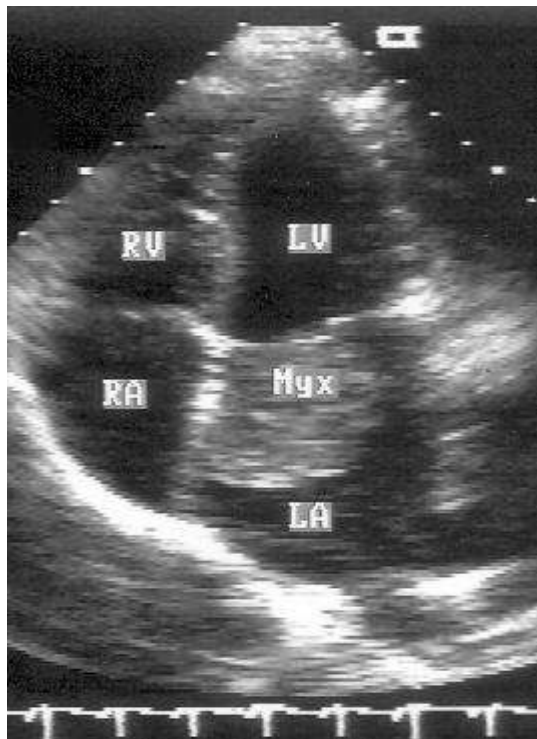
After all the necessary procedures, the patient was transferred to resuscitation with moderately stable indicators.

The patient was routinely transferred to intensive care on the 3rd day, and on the 12th day after the planned treatment, the patient responded. The Andijan clinic was entrusted with the medical treatment to be continued, and the patient was answered.

After this operation, approximately 10 years later, patient J., 26 years old, was admitted to the Andijan Heart and Vascular Surgery Department with a typical left lobe tumor - myxoma. As a result of examinations, the patient was diagnosed with an average-sized myxoma of the left lobe. Right from planned

preparation , artificial blood circulation and

cardioplegia in the patient



Picture 3. Remixoma 5x4 cm on the left side

These conditions , the operation of removing the tumor was performed with good results (t.f. n. Turgunov A.I.). Patient 8 passed the last period without complications discharged from the clinic on the day . The operator stated that the operation was performed without any difficulties or complications (Fig. 3), the postoperative period was also uneventful , and the patient was sent home with good results. However, after 2 years, this patient J., 28 years old , was referred again to Andijan clinic . According to the results of polyclinic examinations , the patient was diagnosed with recurrent myxoma of the left lobe . In the absence of severe complications , the patient's relatives requested that he be sent to our clinic in Tashkent . According to the first operator's request , the patient was admitted to our clinic. According to the results of dynamic observations , repeated tumor growth was observed. According to the 2-year follow-up , the tumor recurrence is from 3x4cm to 5x5cm. increased to According to the results of dynamic observations , the patient is scheduled for another operation - reoperation. It is

interesting to note that this patient is the same 48- year -old patient J. who underwent two major operations at us. is the trace of q . Her mother said that her daughter had no symptoms for a long time, and after the tumor was removed , the above - mentioned examinations as a result, the patient was diagnosed with a typical left- sided myxoma , and a planned operation was performed . However, after 2 years, with the same diagnosis, the indications for re - operation were confirmed . seemed to be a problem for They came to our clinic not trusting the surgeon who performed the first operation. However, the difficulties experienced by the father , the very strong aggressive growth of the tumor , and the fact that it had severe complications , were not identified in the daughter . Non-aggressive, slow development of the tumor was noted in the second patient . Based on the above facts , it was found that family myxoma has a tendency to relapse in its development . After planned preparation , patient J., 28 years old , underwent another operation - removal of recurrent left lobe

myxoma . The planned operation was performed without any problems (prof. Kha.A. Abdumadjidov). Resternotomy. Cardiolysis. Cannulation. Artificial circulation and cardioplegia were performed in a typical manner . In the revision, instead of the myxoma of the left lobe , which was removed , another tumor appeared again , the size of 5x4 cm (Fig .

4), the consistency, color, and structure are similar to the previous tumor , again oval . open the window . __ I started with obturation of the left atrioventricular window . The tumor was adequately removed without complications . The oval window area is cut to be enlarged, desirable



Fig. 4. Remixoma of the left side . 5x4 cm, it is closing the mitral valve .

After treatment with antiseptics, the interstitial wall patch was restored. All operations were completed with good results without complications . The patient died in intensive care on 1 day and was euthanized with stable parameters . The planned treatment lasted 7 days , and on the 8th day, the patient responded. In Kontrol EXOKG - the result is conical. The patient died during follow-up at the Andijan clinic . However, after 1.5 years, according to the results of re-examination of this patient , a secondary re - tumor - left lobe tumor was detected . During the 1-year follow-up , it was found that the tumor grew slowly . Accordingly, the patient was re-examined in our clinic with the help of EXOKG and MSCT . Another operation was offered to the patient , but the patient admitted that he would be consulted in another clinic . In the private

"Ezgu Nyat" cardiac surgery clinic, he underwent a planned 3rd operation . During the inspection, there were no indicators against any operation . The operation was performed 3 times with planned resternotomy (Ph.D. Irmukhamedov A.R.). The operator said that the tumor came from the oval window on the left side , and from the dome on the right side . The reason why these types of tumors are called application is that , regardless of the operation being performed adequately , the tumor can still grow from the affected area . The surgeon said that after the operation, he explained to the patient and his relatives that such tumors exist , that they can reappear regardless of the adequacy of the previous operation . The patient was discharged home with good results. Now let 's talk about what is written in special literature about these cases .

According to the above-mentioned authors, such cases are reported in the experience of large clinics. In particular, Maytesyan Sh.A., Mironenko V.A., Mutema Ch.A. [2015] stated that such cases were observed, in their experience, patients were operated on 3 or more times due to recurrent myxoma . The famous English heart surgeon Steven Westaby [2019] stated that in his experience, a unique case was noted - one patient underwent multiple operations due to myxoma relapse 6 times. Last 6 - before the operation, the cardiac surgeon to the patient and his relatives, this is the 6th operation the last one warned me that if I was told again, I would not be able to perform the operation . The operation was successful , after that the recurrence of the tumor was not observed in the patient.

So that's the conclusion It should be said that :

1. is kept in every patient regardless of his primary adequate operation .
2. Recurrence of myxomas is observed in approximately 2-3.5% of cases .
3. T o' gray surgery If the tactics are determined , there is a high chance of repeating the operation of the myxoma relapse with good results .

Bibliography.

1. Abdumajidov Kh.A., Nazirova LA, Turgunov AI Features of diagnosis, clinical examination and surgical treatment of cardiac myxomas. Toolkit. Tashkent - 2016. 40 p.
2. Bockeria LA, Malashenkov AI, Kavsadze VE, Serov RA Cardiooncology. - M.: NTSSSH named after ANBakulev RAMS. 2003. - 254 p
3. Ikramov AI, Aliev Sh.M., Juraeva NM, Pulatov LA MSCT angiography in the diagnosis of primary heart tumors. Mat. XX1 of the All-Russian Congress of Cardiovascular Surgeons. - Moscow. 2015, p. 32
4. Lugovsky MK Myxomas of the heart: the results of surgical treatment and clinical and morphological

characteristics: author. teeth _ ... Dr. Med . Sciences: 14.01.26. - M.: FGBU National Research Center for Transplantology and Artificial

5. Organs named after Academician VI Shumakov of the Ministry of Health of the Russian Federation. - 2017. - 148 p.
6. Maytesyan Sh.A., Mironenko VA, Mutema Ch.A.: Threefold recurrence of multiple myxomas of the right and left atria. Mat. XX1 of the All-Russian Congress of Cardiovascular Surgeons. - Moscow. 2015. P. 32.
7. Sato T., Watanabe H., Okawa M., Iino T. et al., Right Atrial Giant Myxoma Occupying the Right Ventricular Cavity// Ann. Chest. Surgery.-2012. - Vol. 94. – P.643-648.
8. Merello L., Elton V., González D., Elgueta F. et al. Cardiac myxomas. Analysis of 78 cases // Rev Med Chil. - 2020. - No. 1. - R. 78-82.
9. Vijan V., Vupputuri A., Nair RC Case report an unusual case of biatrial myxoma in a young female // Case Rep Cardiol. — 2016.