

RIGHT ATRIAL ALLOGRAFT TRANSPLANTATION AFTER EXTENDED ATRIAL RESECTION FOR RECURRENT MULTIFOCAL RIGHT ATRIAL MYXOMA: PROCEDURAL STEPS AND FOUR YEAR FOLLOW-UP

M. Malyshev, A. Safuanov, D. Siniukov, A. Malyshev, D. Borovikov, I. Gladyshev, N. Rostovykh, V. Trushina

Centre of Cardiac Surgery (OOO), Chelyabinsk, Russian Federation

Objectives: Extended right atrial resection for involvement of the right atrium in tumour growth demands a wide tissue substitution. Right atrial allograft could be considered as an optimal substitute material in these cases. We present a film of right atrial allograft transplantation for multifocal myxoma relapse with extended right atrial resection. Film includes echocardiographic and computer tomographic assessment of the right atrial allograft at four year follow-up.

Methods: A 49-year-old man was treated for recurrent multifocal myxoma in January 2005. Because of disseminating multifocal tumour growth, extended resection of all right atrial walls and the interatrial septum was done, leaving cuffs around the caval veins, the right atrial junction with tricuspid valve, and interatrial septal areas where conduction system is located. The interatrial septum was replaced with a xenopericardial patch. A right atrial allograft was used for restoration of right atrial integrity instead of conventional patch material. This patient was re-examined with transoesophageal echocardiography and spiral computer tomography four years later in March 2009.

Results: There are no signs of tumour relapse or allograft calcification. The size of the right atrial chamber corresponds to normal. Despite absence of allograft wall movement, there are no intracavitary formations in the right atrium. The allograft wall appears as a homogeneous tissue similar to the native atrial wall.

Conclusions: A right atrial allograft may be considered as an optimal substitute material with good mid-term follow-up in the case of extended right atrial resection.