**INTRODUCTION**

Cardiac myxomas (CM) are rare, benign primary tumors that can lead to significant morbidity and mortality if untreated. Prompt, definitive treatment of CM is well documented, but there is limited literature to dictate management timing in acute ischemic stroke.

**BACKGROUND**

- CM Incidence: 1/1 million, Prevalence: <5/10,000
- Clinical presentation: cardiac, constitutional, embolic, or neurological symptoms
- Majority originate in left atrium from interatrial septum
- Embolism-associated characteristics: width <3cm, high mobility, irregular surface
- Early surgery recommended in patients without acute intracerebral infarcts
- Patients with recurrent stroke after initial stroke & discovery of CM had prolonged time interval before surgery

**CASE PRESENTATION**

61-year-old female presented 8 hrs after episode of left facial weakness, aphasia, & slurred speech. Symptoms resolved over 8hrs.
- Non-contrast head CT & CTA negative
- Brain MRI w/o contrast at 24hrs shows ischemic lesions (Fig. 1)
- Transthoracic & transesophageal echocardiogram reveal mobile cardiac tumor (Fig. 2)
- Cardiothoracic surgery performed surgical resection 4 days afterwards. Pathology consistent with myxoma.

**DISCUSSION**

- Presentation of an embolic stroke with no obvious etiology
- No history or symptoms of atrial fibrillation
- No significant risk factors for cardiovascular disease outside of elevated BMI
- TTE was not able to visualize tumor origin location
- TEE able to better identify tumor character and location
- Mobility into mitral valve and left ventricle may contribute to risk of embolic stroke
- Risk of hemorrhagic transformation (HT) considered for delaying cardiac surgery
- Ischemic lesions <1.5cm have smaller association with HT
- Surgical excision not delayed due to high-risk character of myxoma & lower risk of HT in smaller lacunar infarcts.

**CONCLUSIONS**

- TTE should be followed with TEE for detailed tumor characteristics
- Origin location, size, & mobility of tumor may indicate risk for recurrent embolic stroke
- Consider risk of recurrent embolism vs HT
- If high risk for recurrent embolism and lower risk of HT, consider resection within days