Is It Safe to Proceed with Thrombolytic Therapy for Acute Ischemic Stroke in a Patient with Cardiac Myxoma?

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Dear Sir,

I read with interest the recent case report by Ferreira da Silva and de Freitas [1]. The timing of cardiac surgery in a patient with concomitant cerebrovascular disease is a matter of intense debate. In a patient presenting with an acute large artery cardioembolic stroke from a left atrial myxoma as was the presumed etiology in the reported case, the decision was made to proceed with emergent peripheral vascular and cardiac surgeries. In a brain

whose autoregulation is already compromised by the acute stroke, fluctuations in cerebral perfusion pressure during the prolonged cardiac surgery risks additional vascular insults. The question is not whether it is safe to proceed with thrombolytic therapy for acute ischemic stroke in a patient harboring a cardiac myxoma; rather, it is the timing of the cardiac intervention which warrants careful consideration.

Disclosure Statement

Dr. Sethi serves as Associate Editor, *The Eastern Journal of Medicine*.

References

- 1 Ferreira da Silva IR, De Freitas GR: Is it safe to proceed with thrombolytic therapy for acute ischemic stroke in a patient with cardiac myxoma? Case report and review of literature. *Eur Neurol* 2012;68:185–186.

Reply

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We greatly appreciate the comments. We do agree that after a large ischemic stroke, the cerebral autoregulation can be severely compromised, and any procedures or treatments that could potentially decrease cerebral blood flow should be avoided at all cost. In this specific case, the patient presented with multiple embolic episodes to different organs (not fully described due to text length restrictions of a case report), and surgery was deemed a

life-saving measure. There are scant and discouraging data about anticoagulation in this situation. Moreover, there is some evidence that cardiac myxomas can result in embolic phenomena in almost half of the patients, even more after the first episode [1].

Due to the rarity of ischemic strokes associated with cardiac myxoma, the only evidence in the literature regarding the timing of cardiac surgery is derived from

small case series or case reports. Definitely, the best approach is to delay surgery after a large stroke, but exceptional cases might require difficult decisions.

References

- 1 Knepper LE, Biller J, Adams HP Jr, et al: Neurologic manifestations of atrial myxoma: a 12-year experience and review. *Stroke* 1988;19:1435–1440.