**INTRODUCTION**

Benign and malignant tumors of heart are very uncommon and their diagnosis was very much challenging for physicians since the seventeenth century\(^1\). Intracardiac myxoma was first diagnosed by Angiography in 1952. Subsequently echocardiography led to more frequent correct diagnosis\(^2\). The introduction of TEE further improved definition of cardiac anatomy with visualization of left atrial appendage previously undetectable on routine transthoracic echocardiography. The heart may be site for primary tumors or may be invaded secondarily by malignancies that arise in adjacent or remote organs.

Primary tumors of heart are very rare with an incidence of in autopsy series reported to be between 0.001 to 0.03 percent. These tumors usually present as intracavitary lesions and more then 75% are benign\(^3\). Myxomas constitute nearly 50% of all histologically benign tumors of the heart 75% are located in LA, 18% in RA, 4% in RV and 3% in LV\(^4-7\). Cardiac myxomas usually originate from region of fossa ovalis but may arise from variety of locations within the atria. The occurrence of multiple tumors within LA, bilaterally in each atrium\(^8\) or simultaneous in the atrium and ventricle\(^9\) raises the likely hood of multicentric origin rather than metastasis of tumours.

Most patients with myxoma are 30-60 years of age although myxoma have been discovered in children, infants and neonate and the elderly. Children\(^10\) have higher incidence of ventricular myxoma than to adults. A higher prevalence in females has characterized in most series. Familial occurrence has been reported more frequently in males. Myxoma vary from 1-15 cm in diameter with most measuring 5-6 cm.

An 8 days old baby girl was referred to the cardiac laboratory for echocardiography from nursery in Bolan medical complex Department of Cardiology BMC hospital Quetta hospital. The baby was well healthy weighing 8.2 Kgs. Her physical examination revealed only a mid systolic murmur at apex radiating to axilla. Chest film in antero-posterior position showed borderline cardiomagly. Her electrocardiograph and blood counts were within normal limits. 2-Dimensional echocardiography showed a large mass in left ventricle (fig. 1-3) attached to the lateral free wall, a small mass in RA (fig. 5&6) attached to the distal interatrial septa near the septal leaflet of the tricuspid valve resulting in mild TR (fig. 7), and an other small mass in RV again attached to lateral free wall.

It is very interesting to find cardiac tumors in this age group, only few cases have been reported. Neonate myxomas are extremely rare, this is the only case for the last twenty year in this lab. where 20-30 cases are referred for echocardiography every day.

**REFERENCES.**


5. McAllister H, Hall R, Cooley D. Tumors of the

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Figure 5 Subcostal view showing an other small mass attached to the distal IAS near the septal tricuspid leaf let.

Figure 7 Colour flow tracing in apical view showing TR because of the mass interfering with tricuspid valve movement.