

modification, drug therapy, and cardiac rehabilitation are essential in improving patient outcomes. Thus, patients need to adhere to modifying risk factors to prevent the recurrence of a cardiovascular event. Accordingly, this study aims to determine patients' adherence to coronary artery disease risk factors modification post-myocardial infarction and examine the relationships between the level of adherence and sociodemographic variables.

**Methods** A cross-sectional study was conducted to measure the level of adherence to risk factor modification among patients six months post-myocardial infarction. A Chi-square test was employed to determine the significant relationships between sociodemographic variables and the level of adherence to risk factor modification.

**Results** Out of the total of 227 respondents, 128 (56.4%) were reported to have good adherence. Adherence was good in terms of medication but poor in terms of smoking cessation, healthy diet, exercise, and psychosocial management. There were significant associations between adherence to risk factor modification and age ( $p = 0.000$ ), gender ( $p = 0.040$ ), and education level ( $p = 0.003$ ).

**Discussion** The result of this study is comparable to most previous studies. However, non-adherence to healthy lifestyles such as smoking cessation, healthy diet, exercise, and psychosocial management is concerning. This suggests the need for more effective health education programs. Eligible patients should be enrolled in cardiac rehabilitation programs to assist them in healthy lifestyle practices.

**Conclusion** This study revealed that 43.6% of the respondents exhibit poor adherence to risk factor modification for cardiovascular disease. Thus, effective health education and support programs are essential to increase adherence, improve patient outcomes, and lower the risk of recurring cardiac events. In addition, interventional studies to enhance patients' adherence to healthy lifestyles must be considered.

#### APCU 11 ATRIAL FIBRILLATION WITH MITRAL REGURGITATION: A RARE PRESENTING FEATURE OF LEFT ATRIAL MASS

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**Introduction** Cardiac tumours are rare and can present themselves as primary or metastatic tumours. Up to 90% of cardiac tumours are benign in nature, and they may present either as an embolic phenomena or with atypical chest symptoms.

**Case Presentation** In this study, we report a case of a 50-year-old male with no known medical illness who presented to the emergency department with acute onset of palpitations associated with mild dyspnoea. He did not have angina, failure, or constitutional symptoms. General examination was unremarkable; however, his pulse was irregularly irregular. There was mild pansystolic murmur.

**Results** The blood tests were within the normal range. Electrocardiogram revealed atrial fibrillation with a ventricular rate of 75 bpm. Echocardiography revealed a huge heteroechoic mass in the left atrium (LA) measuring 32.7 cm<sup>2</sup>, causing LA dilatation associated with moderate mitral regurgitation, and the mass appeared to partially obscure mitral inflow. Subsequent cardiac computed tomography showed a mass measuring

7 cm × 7 cm, arising from the interatrial septum (IAS), with specks of calcification within and minimal contrast enhancement. There was mild coronary artery disease. He underwent urgent cardiac surgery. Intraoperatively, the mass had a wide base stalk at the IAS that did not involve the mitral annulus. Rooftop right atrial incision made to remove the mass with manipulations of the Triangle of Koch. Intraoperatively, mitral valves appeared degenerated, causing severe mitral regurgitation (MR) upon excision of the mass, which required mitral valve replacement. Postoperatively, the patient remained in complete atrioventricular block, which required permanent pacemaker insertion. Histopathological examination of the mass in keeping with the myxoma and valve, which were noted to have degenerative changes.

**Discussion** Atrial fibrillation rarely presents as feature of LA mass. Meanwhile, mitral valve degeneration can be attributed to inflammatory cytokines in myxoma. Postoperative complete atrioventricular block is rare in LA myxoma arising from fossa ovalis that requires a permanent pacemaker.

**Conclusion** Atrial myxoma with atypical features presented solely as symptomatic atrial fibrillation. The severity of MR can be underestimated in the presence of myxoma. Echocardiography should be performed during index hospitalization to prevent delayed diagnosis and other sequelae of myxoma.

#### APCU 12 THE DIAGNOSTIC JOURNEY OF CARDIAC MYXOMA: FROM STROKE TO CORONARY INTERVENTION

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**Introduction** Myxomas are the most frequent type of benign tumour of the heart, typically found in the left atrium. We present a case of myxoma with cardioembolic stroke coexisting with coronary artery disease.

**Case Presentation** 39-year-old man, active smoker with bilateral sensorineural hearing loss, and dyslipidaemia presented with dizziness. After initial treatment failed, CT brain and perfusion scan revealed left cerebellar infarct and right parietal haemorrhage. Additionally, chest X-ray showed cardiomegaly. ECG showed sinus rhythm, T inversion at anterior lead, and poor R wave progression. Further history, over the past six months, he had been experiencing symptoms of heart failure, chest pain, and significant weight loss. Given the atypical combination of ischemic and haemorrhagic strokes, cardioembolic source was suspected. Transthoracic echocardiography revealed a large left atrial mass with ejection fraction of 60–65%. A detailed transoesophageal echocardiogram showed a multi-lobulated mass (5.27 × 3.06 cm) attached at IAS prolapsing into mitral valve causing pseudo MS. Further evaluation with coronary angiography revealed severe stenosis (80–90%) in the proximal left anterior descending artery. He then underwent surgery to remove the atrial myxoma and received stenting of the LAD artery during the same admission. Histopathological examination confirmed cardiac myxoma. He was discharged on dual antiplatelet therapy and is recovering well.

**Discussion** Patients with myxoma are often asymptomatic. Some may experience embolic events, primarily affecting the cerebral arteries. Prompt surgical removal of myxoma is