LESSONS FROM PRACTICE

tried any new foods for over 10 years, and, despite the recent diagnosis, was reluctant to initiate dietary change.

Although such a limited food intake is probably uncommon, recent trends towards consumption of pre-prepared carbohydrate-rich food mean that scurvy or subclinical vitamin C deficiency and other vitamin and trace metal deficiencies should not be forgotten.

Competing interests
None identified.

Author details
Sally J Mapp, MB BS, FRACP, FRCPA, Haematology Registrar
Paul B Coughlin, FRACP, PhD, Haematologist
1 Department of Haematology, The Canberra Hospital, Canberra, ACT.
2 Australian Centre for Blood Diseases, Melbourne, VIC.
Correspondence: smapp@member.rcpa.edu.au

References

A 58-year-old man presented with a 1-month history of persistent nausea, vomiting, diarrhoea and fevers. He also reported worsening shortness of breath, lower extremity swelling, and a 4.5 kg weight loss. He was febrile and hypotensive, with pedal oedema and a soft diastolic murmur over the mitral area.

A white cell count and chest x-ray were normal. A transthoracic echocardiogram, performed to assess cardiac function, showed a large, highly mobile left atrial mass prolapsing into the left ventricle (Box, A [arrowed]).

At urgent surgery, an 8 cm left atrial myxoma arising from the interatrial septum was resected (Box, B). Histopathological examination showed dense colonies of yeast. Histoplasma capsulatum was grown from blood cultures and cultures of the surgical specimen (Box, C). HIV testing was negative. The patient made a full recovery after completing antifungal therapy.

Infected left atrial myxoma is rare. We know of only one other reported case in which Histoplasma was the infective agent.1

Ahmed Awab, MD, Fellow, Pulmonary and Critical Care
Mehdi Hamadani, MD, Resident
Bhanu Sud, MD, Fellow, Infectious Diseases
Gene W Voskuhl, MD, Assistant Professor of Medicine
Department of Internal Medicine, Oklahoma University Health Sciences Center, Oklahoma City, Okla, USA.
mehdi.hamadani@gmail.com