https://doi.org/10.5090/kjtcs.2017.50.6.471

☐ CASE REPORT ☐

Carney Complex: Eleven Open Heart Operations in a Single Family

Sung Joon Han, M.D., Woosik Han, M.D., Min-Woong Kang, M.D., Ph.D., Jae Hyeon Yu, M.D., Ph.D., Shinkwang Kang, M.D., Ph.D., Myung Hoon Na, M.D., Ph.D.

Department of Thoracic and Cardiovascular Surgery, Chungnam National University School of Medicine

Herein, we report on a family with Carney complex. Four members of the family underwent a total of 11 open heart operations as well as 9 other operations to treat extrathoracic masses. All the family members met at least 2 major clinical criteria and 1 supplemental criterion. We analyzed their genomic loci, including the protein kinase A regulatory subunit 1 gene. The results revealed no specific mutations, except for a common single nucleotide polymorphism. This case series of Carney complex emphasizes the importance of close longitudinal follow-up because of the high rate of tumor recurrence irrespective of the site. Clinicians should not overlook the specific features of familial myxoma.

Key words: 1. Carney complex

- 2. Myxoma
- 3. Familial myxoma

Case report

We observed a case series of 3 siblings who underwent 8 open heart operations for recurrent myxoma and conducted a thorough analysis of the cases, including the family history and chart reviews (Fig. 1). The results indicated that the mother of the siblings underwent 3 open heart operations for recurrent myxoma, as well as 3 other extrathoracic mass-removal operations. She died of malignant schwannoma with bone and lung metastasis in 2014. The proband, the first son, underwent 3 open heart operations for myxoma as well as 3 other extrathoracic operations. The proband's younger brother, the second son, underwent a total of 6 mass-removal operations, along with 4 open heart operations. Lastly, the proband's sister underwent 1 right ven-

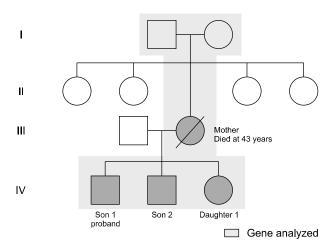


Fig. 1. Family pedigree.

[†]This paper was presented as a poster at the 2016 Annual Meeting of the Korean Society for Thoracic and Cardiovascular Surgery. Received: April 12, 2017, Revised: June 27, 2017, Accepted: June 29, 2017, Published online: December 5, 2017

Corresponding author: Myung Hoon Na, Department of Thoracic and Cardiovascular Surgery, Chungnam National University Hospital, Chungnam National University School of Medicine, 282 Munhwa-ro, Jung-gu, Daejeon 35015, Korea (Tel) 82-42-280-7375 (Fax) 82-42-280-7378 (E-mail) ts7378@cnuh.co.kr

[©] The Korean Society for Thoracic and Cardiovascular Surgery. 2017. All right reserved.

[@] This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/ licenses/by-nc/4.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly

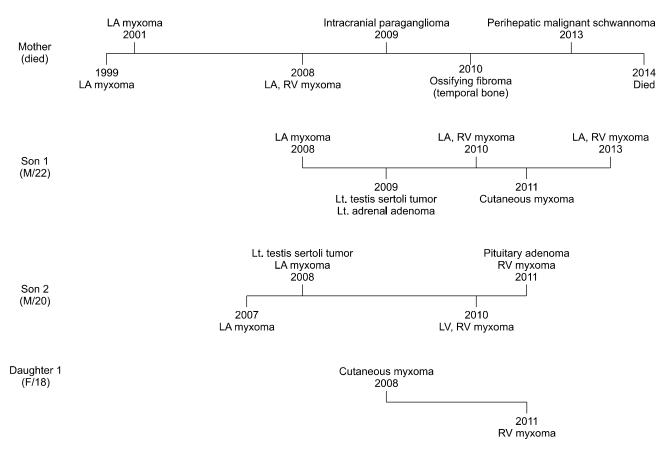


Fig. 2. Summary of surgical histories of the subjects of this study. M, male; F, female; LA, left atrial; RV, right ventricular; Lt., left.

tricular myxoma removal and 1 left chest wall myxoma removal operation. The surgical histories of the family members are summarized in Fig. 2. The 4 family members met the diagnostic criteria of Carney complex. They met at least 2 major clinical criteria (including spotty skin pigmentation, myxoma, acromegaly, or multiple endocrine tumors) and 1 supplemental criterion (an affected first-degree relative). We analyzed the genomic loci of Carney complex 1 and Carney complex 2, including the protein kinase A regulatory subunit 1 (*PRKAR1A*) gene. However, the results revealed no specific mutations, except for a common single nucleotide polymorphism.

Discussion

Carney complex is a rare multineoplastic disorder that was first described by Carney et al. [1] in 1985. It is characterized by skin pigmentation, cardiac myxoma, and endocrine overactivity [2]. It is usually inherited in an autosomal dominant pattern with varia-

ble penetrance. A heterozygous mutation of the PRKAR1A gene can be observed in approximately 50% of affected patients [3]. In our case series, we found no specific mutations except for a common single nucleotide polymorphism. Cardiac myxomas are the second-most common manifestations of Carney complex, following spotty skin pigmentation [4]. Compared to sporadic cardiac myxoma, familial cardiac myxoma has distinctive features. There are usually multiple rather than solitary myxomas, and they occur in atypical locations, rather than in the left atrium [5]. Additionally, familial cardiac myxoma has a high recurrence rate and usually affects younger individuals. In cases of cardiac myxoma with patients presenting the above features, the possibility that it is of the familial type should be considered, because such myxomas can behave like a malignancy, as in our case series.

This case series involving 4 members through 2 generations highlights the need for vigorous screening of the family members of patients with Carney

complex. Routine annual echocardiographic surveillance is also reasonable because of the relatively short interval between recurrences of cardiac myxoma. The high rate of tumor recurrence affecting both cardiac and extrathoracic sites highlights the importance of close longitudinal lifetime follow-up. To the best of our knowledge, no such series of cases within a single family has previously been reported.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

References

- 1. Carney JA, Gordon H, Carpenter PC, Shenoy BV, Go VL. *The complex of myxomas, spotty pigmentation, and endocrine overactivity.* Medicine 1985;64:270-83.
- 2. Kim MC, Lee JY, Park CC, You SY, Cho KS. Familial atrial myxoma with Carney's complex: 1 case. Korean J Thorac Cardiovasc Surg 1998;31:816-9.
- 3. Kirschner LS, Carney JA, Pack SD, et al. *Mutations of the gene encoding the protein kinase A type I-alpha regulatory subunit in patients with the Carney complex*. Nat Genet 2000;26:89-92.
- 4. Correa R, Salpea P, Stratakis CA. *Carney complex: an update*. Eur J Endocrinol 2015;173:M85-97.
- Maleszewski JJ, Larsen BT, Kip NS, et al. PRKAR1A in the development of cardiac myxoma: a study of 110 cases including isolated and syndromic tumors. Am J Surg Pathol 2014;38:1079-87.