INTRODUCTION
Acute ST-segment elevation myocardial infarction (STEMI) is rarely present in children. The primary goal of management is to reperfuse the ischemic myocardium. Primary percutaneous coronary intervention (PCI) has become standard of care. We presented the PCT in management of STEMI in a male adolescent with left atrial (LA) mass.

CASE
A 13-year-old male known protein S deficiency and left atrial mass after being evaluated for stroke in the young. He received low molecular weight heparin in intracardiac mass located at LA which appeared to adhere to the anterior mitral valve leaflet. Echocardiogram evaluation revealed a hyperechogenic mass, (diameter 3.7 x 2.6 cm), located adjacent to the lower part of the LA septum and moved along with anterior mitral valve leaflet. With the result of protein S deficiency, the LA mass was presumed to be the thrombus in origin. After 20 months of medical treatment, he presented with sudden onset of chest pain. The ECG showed ST segment elevation in inferolateral wall and rising cardiac enzyme.

RESULTS
• The patient was referred to our service due to STEMI within 2 hours of onset. The thrombolytic agent was not given because the patient had been taken warfarin and low molecular weight heparin.
• He was transport to the cath labs. After femoral artery sheath was inserted, the 0.014 Pilot50 wire and the 6FJL3 catheter were advanced into the left main coronary.
• Selective left coronary angiograms were obtained and revealed the total occlusion of the distal left circumflex artery.
• Decision was made to perform manual thrombectomy using Thrombuster aspiration catheter.
• The small thrombus like tissue (3 mm x 5 mm) was obtained.
• Another left coronary angiogram was obtained which revealed the unobstructed flow to the left circumflex artery.
• Cardiac MRI evaluation showed the heterogenic density of the LA mass which was well defined to attach to the left atrial septum.
• The primary impression was left atrial myxoma.
• Therefore, the patient underwent an elective surgery to remove the mass with the pathological confirm diagnosis of myxoma.

DISCUSSION
• Atrial myxoma as the cause of myocardial infarction is very rare, especially in pediatrics population.
• Case reports of MI caused by atrial myxoma in patients age under 18 year old from 1978-2017 reviews only 5 cases including ours.
• Therefore, there is no current standard strategy for treatment of coronary obstruction due to atrial myxoma.
• The treatments in each reported case are shown in the Table 1.
• In our patient, PCI with manual thrombectomy using Thrombuster aspiration catheter without coronary stenting could successfully reperfused the obstructed coronary and resulted in satisfactory outcome.

Table 1 – Case report of myocardial infarction caused by left atrial myxoma in patients aged under 18 years old during 1978-2017

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Age</th>
<th>Sex</th>
<th>ECG pattern</th>
<th>Coronary involvement</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanabe (1)</td>
<td>1978</td>
<td>11</td>
<td>M</td>
<td>STE &amp; deep Q in II, III, aVF (Inferior wall)</td>
<td>Distal RCA</td>
<td>Tumor removal</td>
</tr>
<tr>
<td>Harikrishnan (2)</td>
<td>2003</td>
<td>9</td>
<td>F</td>
<td>STE in II, III, aVF, V4-6 (Infarct-related wall)</td>
<td>No obstruction</td>
<td>ASA, nitrate, betablocker Tumor removal</td>
</tr>
<tr>
<td>van Gelder (3)</td>
<td>2004</td>
<td>15</td>
<td>M</td>
<td>STE in lateral leads</td>
<td>Distal LCx</td>
<td>Intracoronary thrombolytic intraaortic balloon pump, Heparin IV, NTG, ASA, betablocker Embolus removal (direct arteriostomy during mass excision)</td>
</tr>
<tr>
<td>Sghaier (4)</td>
<td>2017</td>
<td>10</td>
<td>M</td>
<td>STE in anterior leads</td>
<td>No obstruction</td>
<td>Tumor removal</td>
</tr>
<tr>
<td>Actual case</td>
<td>2017</td>
<td>13</td>
<td>M</td>
<td>STE in II, III, aVF, V5-6 (Infarct-related wall)</td>
<td>Distal LCx</td>
<td>Thrombus aspiration Heparin IV Tumor removal</td>
</tr>
</tbody>
</table>

CONCLUSION
This case revealed the role of PCI and thrombus aspiration in a child with left atrial mass presented with STEMI. Thrombuster has a beneficial role in management of tumor emboli to the coronary artery.

REFERENCES