Pericardial cyst

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A 27-year-old male was investigated for chest pain of 6 months’ duration. A computed tomography (CT) scan of the chest showed a mass within the pericardium posterior to the heart [Figure 1]. Transthoracic echocardiogram was suggestive of the presence of a large pericardial cyst posterolateral to the left ventricle (LV) and left atrium (LA). Through a left anterolateral thoracotomy, the pericardium was opened to find a large pericardial cyst (PC), measuring 10 × 8 cm, originating from the visceral pericardium. Clear fluid was aspirated and the cyst was marsupialised. Postoperative course was uneventful and the patient was discharged from the hospital on the sixth postoperative day. The lateral chest X-rays [Figure 2] and the operative photographs [Figure 3] before and after removal of the cyst are displayed. Intra-operative TEE with colour flow Doppler also confirmed the presence of a PC posterolateral to the LV and LA, but not communicating with it [Figure 4]. Though there was partial compression of LV and LA, LV filling and function were good, with the peak gradient measuring 3.5 mm of Hg across the mitral valve during diastole.

PCs are uncommon, benign, developmental anomalies. They usually do not produce any symptoms and come to medical attention as an
unexpected finding on chest radiographs or other imaging modalities. The most common presenting symptoms are nonspecific chest pain, cough, and dyspnoea. Reported complications of PC include cardiac compression, cyst infection with or without cardiac erosion, cyst rupture, and atrial fibrillation.[1,2] Surgical removal of the PC is indicated in symptomatic patients with compression of mediastinal structures. Though the majority of cysts can be removed safely, induction and maintenance of anaesthesia can be potentially hazardous in patients with significant cardiac compression, or the removal requires extensive cardiac manipulation. The differential diagnosis of PC includes tumors of the heart and pericardium, ventricular aneurysm, pericardial haematoma, foramen of Morgagni diaphragmatic hernia, large pericardial fat pad, and mediastinal and diaphragmatic tumors.[3]

REFERENCES


Source of Support: Nil, Conflict of Interest: None declared.