

## Radiologic Finding of Pericardial Cyst

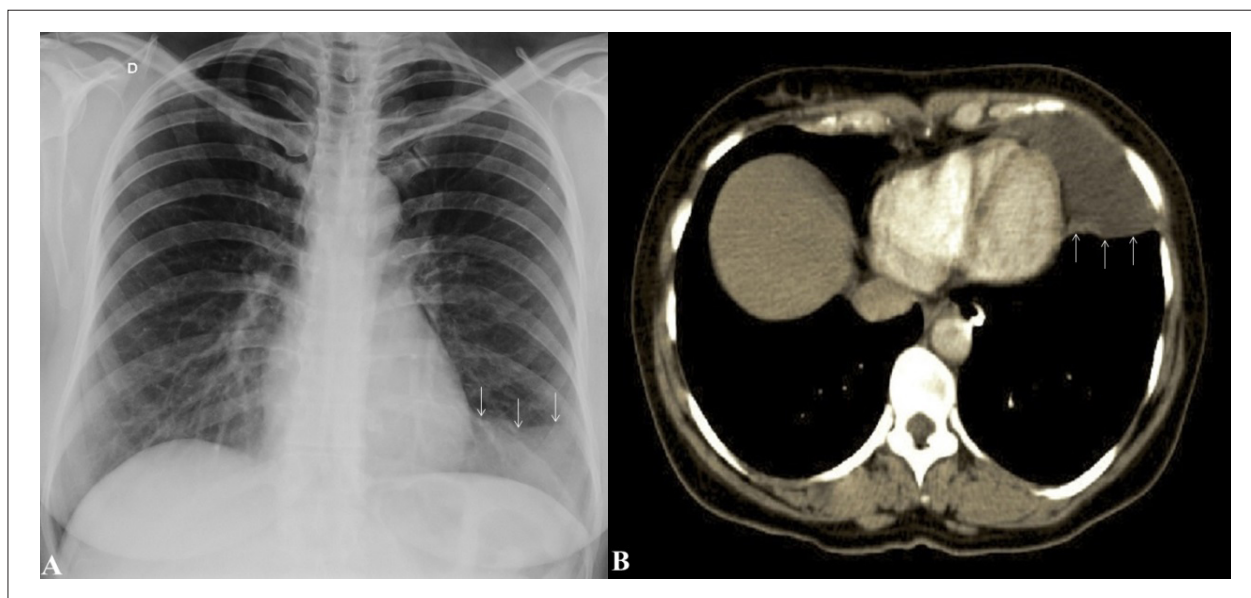
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Female patient, 46 years old, was followed due to cutaneous infection by *Bukhoderia pseudomallei* on the left upper limb. The patient underwent chest radiography to rule out lung involvement, which showed hypotransparency on the left lower lobe (Figure 1A). The patient later underwent chest tomography, which showed liquid collection with no contrast enhancement measuring 8 cm in the largest axis occupying the left cardiophrenic sinus (Figure 1B). Transthoracic echocardiography (TT-ECHO) showed preserved systolic function (Left ventricular ejection fraction of 62% by Teichholz), mild pericardial thickening and pericardial cyst in the posterior region and heart end containing traces of fibrin (Figure 2). The patient then underwent percutaneous drainage of the cyst guided by US (cytology: red blood cells 0, leukocytes 1,000, 60% mononuclear and 40% neutrophils;

negative culture). ECHO performed one month after drainage showed mild pericardial thickening (4 mm) and absence of pericardial effusion. Patient is under outpatient treatment with an infectologist.

Pericardial cysts are rare and usually benign congenital anomalies. They represent 6% of the mediastinal masses and 33% of all mediastinal cysts. Most cysts are asymptomatic and are generally an incidental finding in imaging tests that can be mixed up with coronary artery aneurysm, neoplasias and pneumonia. Complications such as cyst rupture, cardiac compression and even sudden death have been described, but are unusual. A conservative strategy may be adopted in asymptomatic cases provided that the patient can be followed up in order to ensure a benign course in which the pericardial cyst can spontaneously involute.



**Figure 1** – A: Chest radiography – hypotransparency on the left lower lobe (arrows). B: Computed chest tomography – cystic lesion occupying the left cardiophrenic sinus (arrows).

### Keywords

Mediastinal Cyst/congenital; Mediastinal Cyst/complications; Mediastinal Cyst/physiopathology; Drainage.

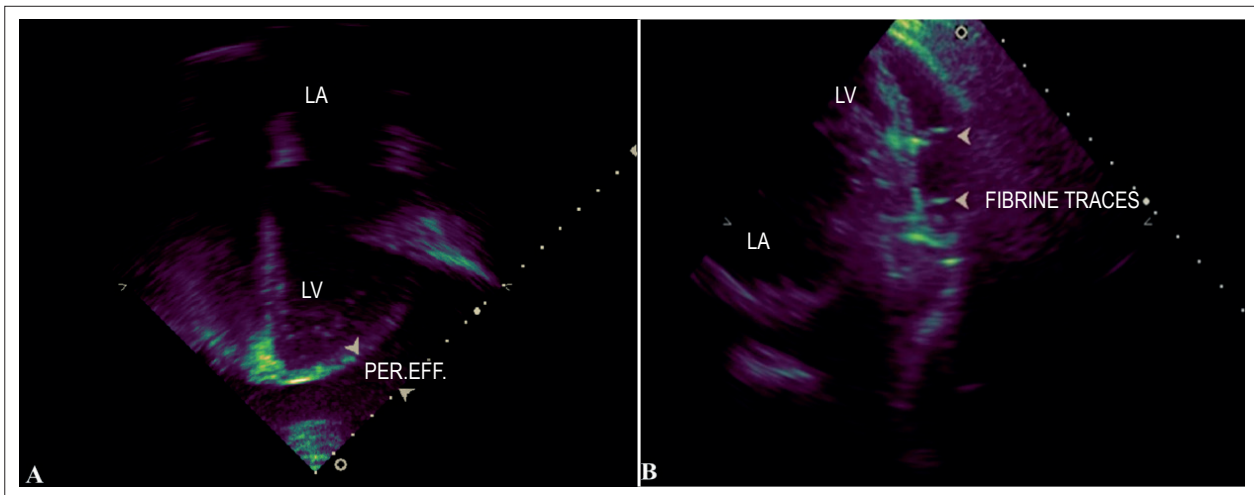
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Manuscript received August 19, 2015; revised manuscript September 3, 2015; accepted September 15, 2015.

DOI: 10.5935/2318-8219.20160010



**Figure 2** – Transthoracic echocardiography. A: Four-chamber apical view (arrowhead). B: Four-chamber modified view – presence of pericardial cyst with fibrine traces (arrowhead). LA: left atrium; LV: left ventricle; PER.EFF.: pericardial effusion.

### Authors' contributions

Research creation and design: Bohatch Jr MS; Data acquisition: Bohatch Jr MS, Matkovski PD; Data analysis and interpretation: Bohatch Jr MS, Matkovski PD, Dietrich A; Manuscript drafting: Bohatch Jr MS, Matkovski PD, Dietrich A; Critical revision of the manuscript as for important intellectual content: Bohatch Jr MS, Dietrich A.

### Potential Conflicts of Interest

There are no relevant conflicts of interest.

### Sources of Funding

This study had no external funding sources.

### Academic Association

This study is not associated with any graduate program.