A 19-year-old man with autism presented with intense anterior pleuritic chest pain and a pericardial rub. Electrocardiogram (ECG) showed a widespread diffuse concave upward ST elevation, PR depression in DII, and PR elevation in aVR (Fig. 1A). Chest radiography and computed tomography indicated the presence of a mass at the right cardiophrenic border (Figs. 1B and C). Cardiac magnetic resonance imaging was consistent with acute pericarditis and a pericardial cyst (PC; Fig. 2).

PC is a rare benign primary pericardial lesion with an estimated incidence of 1:100,000 and in 70% of cases occurs at the right cardiophrenic angle. The diagnosis is often incidental on chest X-ray or echocardiography. Although the course is generally uneventful, complications, such as rupture, erosion, cardiac tamponade, and sudden death, can occur. Surveillance should be performed for asymptomatic patients, and surgical resection or percutaneous drainage should be performed for symptomatic patients.

**Author contribution**

Manuscript writing and Obtaining financing: Canadas S, Fernandes R, Gonçalves L, Almeida I, Vera-Cruz A.

**Keywords**

Pericardium; Magnetic resonance imaging; Complications.

**Correspondência:** Sónia Canadas • Av. Rainha Dona Amélia 39, 6300-035 Guarda, Portugal. 
E-mail: soniacanadas@hotmail.com

Manuscript received 2/19/2020; revised 2/27/2020; accepted 3/3/2020

**DOI:** 10.5935/2318-8219.20200042
Figure 2 – Cardiac magnetic resonance images. Four-chamber (A) cine steady-state free precession image showing a high signal, homogeneous, well-defined mass, measuring 7×7×2.7 cm, located at the right cardiophrenic angle (asterisk), with no evidence of contrast enhancement (B, C; arrows). The horizontal long axis (C) phase-sensitive inversion recovery image also showing delayed enhancement (arrowhead).