

Giant Benign Pericardial Cyst

Cisto Pericárdico Gigante Benigno

Sónia Canadas¹; Rita Fernandes¹; Luísa Gonçalves²; Inês Almeida²; Ana Vera-Cruz³

¹Internal Medicine Service. Local Health Unit of Guarda, Sousa Martins Hospital, Guarda, Portugal. ²Cardiology Service. Hospital Center of Tondela-Viseu, São Teotónio Hospital, Viseu, Portugal. ³Internal Medicine Service. District Hospital of Santarém, Santarém, Portugal.

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 pericardial 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.

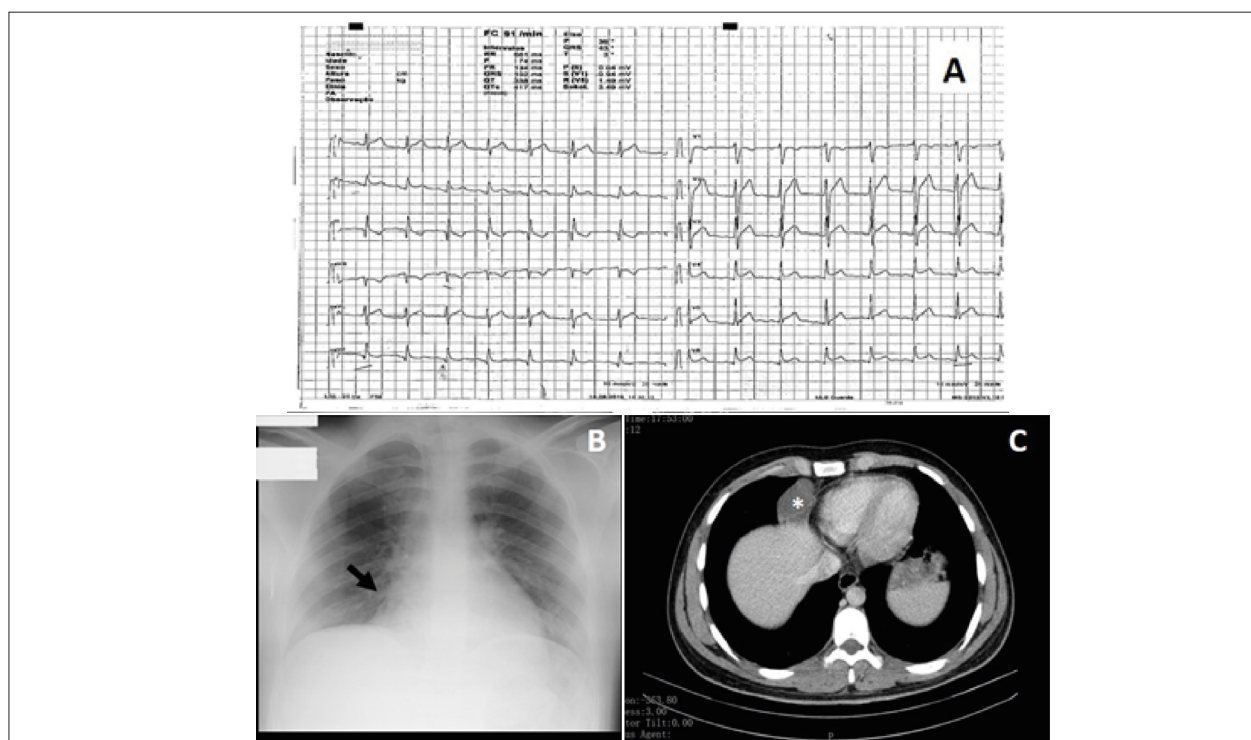


Figure 1 – (A) Electrocardiographic findings. (B) Chest X-ray showing prominence at the right cardiophrenic angle (black arrow); (C) Contrast-enhanced computed tomography in the axial view showing a thin-walled regular mass, and fluid-attenuated, non-enhanced computed tomography showing a pericardial cyst (asterisk).

Keywords

Pericardium; Magnetic resonance imaging; Complications.

Correspondência: Sónia Canadas •

Av. Rainha Dona Amélia 19, 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

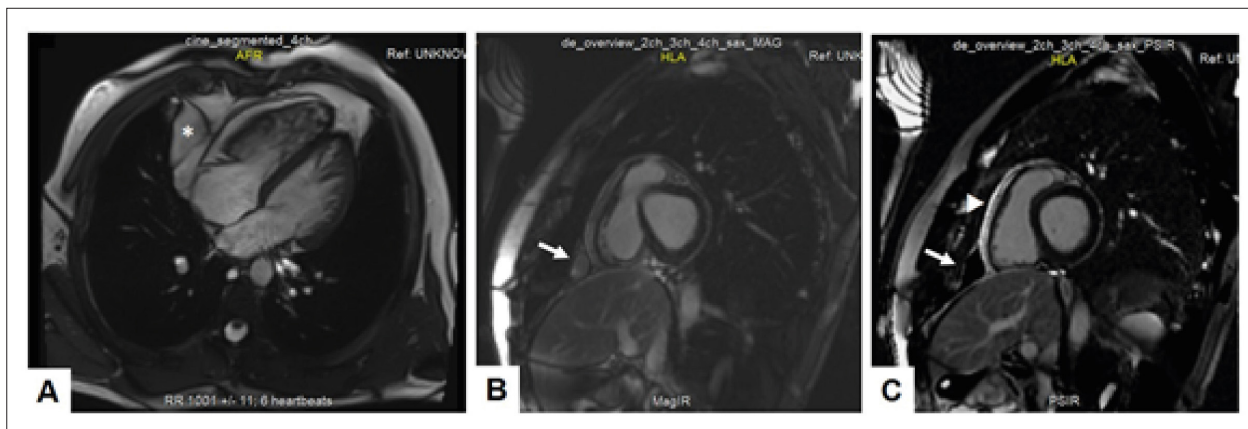


Figure 2 – Cardiac magnetic resonance images. Four-chamber (A) cine steady-state free precession image showing a high signal, homogeneous, well-defined mass, measuring 7×7×2.7 cm, located at the right cardiophrenic angle (asterisk), with no evidence of contrast enhancement (B, C; arrows). The horizontal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