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Percutaneous aspiration of a pericardial cyst: an acceptable treatment for a rare disorder

An 83-year-old woman presented with a six month history of exertional breathlessness. Physical examination revealed a heart rate of 90 beats/min, blood pressure 140/80 mm Hg, and an immediate diastolic murmur. An ECG demonstrated sinus rhythm with right bundle branch block. Her chest radiograph (panel A) demonstrated a smoothly margined opacity overlying the lower half of the left hemithorax obscuring the left cardiac border. Transthoracic echocardiography confirmed the presence of a large fluid filled cyst in the pericardial space with mild compression of the left ventricular free wall. Mild aortic regurgitation was present on colour flow mapping. Computed tomography (CT) confirmed a large pericardial cyst (15×12×7.5 cm) with indentation of the left ventricle in end diastole (panel B). The cyst was drained under ultrasound guidance, and 950 ml of clear serous fluid was aspirated without complication. Three months later, the

patient remained asymptomatic. Repeat chest radiography (panel C) and transthoracic echocardiography demonstrated no recurrence of the pericardial cyst.

Pericardial cysts are benign intrathoracic lesions occurring in approximately one person per 100 000. Treatment is only advocated for symptoms caused by local cyst compression (one third of cases). When surgery is high risk or the diagnosis is in doubt, percutaneous aspiration is a safe alternative treatment option with recurrence in approximately 33% of cases.

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