Gigantic intrapericardial bronchogenic cyst

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A 39-year-old woman presented with a 10-day history of shortness of breath and chest pain radiating to the left shoulder which worsened during inspiration. The physical examination was unremarkable except for distension of the jugular veins. Transthoracic echocardiography revealed a large intrapericardial cyst indenting the upper side of the left atrium, posterior to the ascending aorta and to the right of the pulmonary artery (Fig. 1a). The 128-slice computed tomography angiography showed a three-dimensional cyst of $5.7 \times 5.3 \times 4.7$ cm (Fig. 1b). The

cyst was exposed through a central thoracotomy (Fig. 1c) and contained 130 ml of sticky yellow fluid. The patient underwent a partial resection of the cyst because the cyst wall was firmly adherent to the atrium. Pathology confirmed the intrapericardial bronchogenic cyst (IBC, Fig. 1d).

Bronchogenic cysts are rare congenital anomalies that develop from the ventral diverticulum of the primitive foregut during embryogenesis. IBCs account for 27% of bronchogenic cysts [1]. Symptoms of IBCs include chest

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Fig. 1 **a** Transthoracic echocardiography showing a large intrapericardial cyst located at upper side of atria, posterior to the ascending aorta and to the right of the pulmonary artery. LV, left ventricle; RV, right ventricle; LA, left atrium. AO, aorta C, cyst. **b** 128-slice computed tomographic angiography showing the three-dimensional cyst of $5.7 \times 5.3 \times 4.7$ cm in diameter (white arrows). **c** The cyst was clearly exposed through a central thoracotomy (white arrows). **d** Bronchial mucous epithelium confirmed the diagnosis (haematoxylin and eosin $\times 400$)

pain, shortness of breath and arrhythmias, which vary according to the location of the cyst, its size and compression of the heart and the great vessels [2]. IBCs should be considered in the differential diagnosis of the symptoms and are often easily visualised by echocardiography or CT.

References

1. Diloranzo M, Collin PP, Vaillancourt R, et al. Bronchogenic cysts. *J Pediatr Surg.* 1989;10:988–91.
2. Somwaru LL, Midgley FM, Di Russo GB. An intrapericardial bronchogenic cyst overriding the pulmonary artery. *Pediatr Cardiol.* 2005;26(5):713–4.