CLINICAL SNAPSHOT

Incidental Detection of a Pericardial Cyst

An 89-year old man complained of recurring non-radiating retrosternal pain with no clear relation to exercise. The patient was known to have coronary heart disease and had undergone a percutaneous coronary intervention on the ramus interventricularis anterior. On echocardiography the dimensions of the right ventricle (RV) were normal and no abnormality of left ventricular pump function (LV-PF) was found. No defects were detected. Coronary angiography, repeated to clarify the findings, showed no progression of the coronary status. Radiographically, the right heart silhouette was enlarged compared with earlier images (*Figure 1, orange arrows*). Cardiac magnetic resonance imaging to determine the reason for the enlargement detected a large hyperdense pericardial cyst (diameter 77 × 45 mm) (*Figure 2, white arrows*). Pericardial cysts can cause angina pectoris. A pericardial cyst can be operatively resected, but in this case the patient did not want to undergo surgery. A 12-month follow-up appointment was arranged to check for growth of the cyst.

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