# Large pericardial cyst
## A rare radiological finding

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A 74-year-old female was referred to our clinic for evaluation of intermittent chest pain of 1-month duration. She had no known comorbid illness or prior surgeries. Chest X-ray showed a large opaque lesion occupying half of the left hemithorax. Computed tomography of the chest revealed a thin-walled, non-enhancing low-attenuation mass (12.5×7.2×9.6 cm) compressing over the left pulmonary artery and collateral pleural effusion. The patient underwent a thoracotomy with removal of the mass. A uniloculated, serum-filled cyst was resected. Results of cytological testing were negative for malignancy and histopathologic evaluation was consistent with a pericardial cyst.

Pericardial cysts represent approximately 5% of thoracic cysts and usually present as asymptomatic masses, detected incidentally on imaging usually located at the right cardiophrenic angle[1]. They usually appear as thin-walled, non-contrast-enhancing bodies excluding continuity with the vascular space. CT scanning reliably depicts the size, shape, location, and thin-walled nature of pericardial cysts and the absence of other masses within the chest. Pericardial cysts are usually clinically silent but occasionally can lead to complications including cardiac tamponade, congestive heart failure, atrial fibrillation and pericarditis[2].

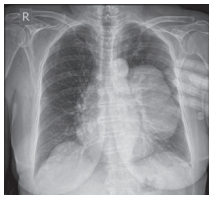

**FIGURE 1.** Chest X-ray. A large mass is showing at the left hemithorax. The mass projects to the middle and lower field of hemithorax. Radiologic features of the mass suggest an extrapulmonic lesion.

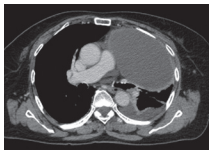

**FIGURE 2.** Computed tomography scan. Axial image displays a lenticular-shape mass occupying the anterior and middle mediastinum. A left pleural effusion is also seen.

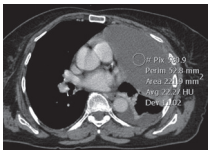

**FIGURE 3.** Computed tomography scan. Axial image, after intravenous administration of contrast media, demonstrates that the lesion is a thin-walled, non-enhancing, cystic mass which content is homogeneous, with fluid attenuation values. Features are consistent with a pericardial cyst.

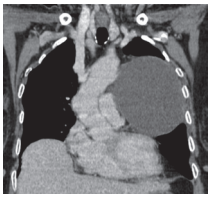

**FIGURE 4.** MIP reconstruction in coronal plane. The mass is definitely extrapulmonic and compresses the left pulmonary artery.

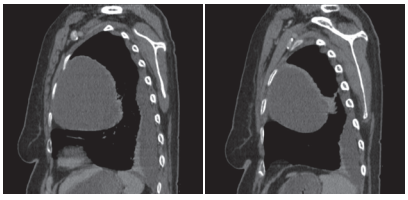

**FIGURE 5** and **FIGURE 6.** MIP reconstruction in sequential sagittal planes. Images demonstrate an intact wall of the pericardial cyst. There is no relation between pericardial cyst and pleural effusion.

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