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A Classically Enlarged Cardiac Silhouette

To the Editor:

A 52-year-old man presented with left-sided chest pain of 4 months' duration. The pain had acquired a crescendo character in the days preceding admission. Physical examination revealed an anxious, diaphoretic patient in moderate distress. The pain had a positional character, suggestive of pericarditis. With the exception of sinus tachycardia, the electrocardiogram was nondiagnostic. A posteroanterior chest roentgenogram showed an enlarged cardiac silhouette and a right-sided density along the costophrenic angle. The classic radiographic appearance and location were pathognomonic of a pericardial cyst (**Figure 1A**). Computed tomography of the chest confirmed the presence of a large well-demarcated homogeneous lesion abutting the heart border with a radiodensity of 13 Hounsfield units, consistent with fluid attenuation. A small pericardial effusion also was noted (**Figure 1B**). Surgical exploration identified a pericardial cyst filled with serous fluid. The site of communication with the pericardium was located high in the mediastinum immediately below the level of the innominate vein. The anterior aspect of the cyst was unroofed and

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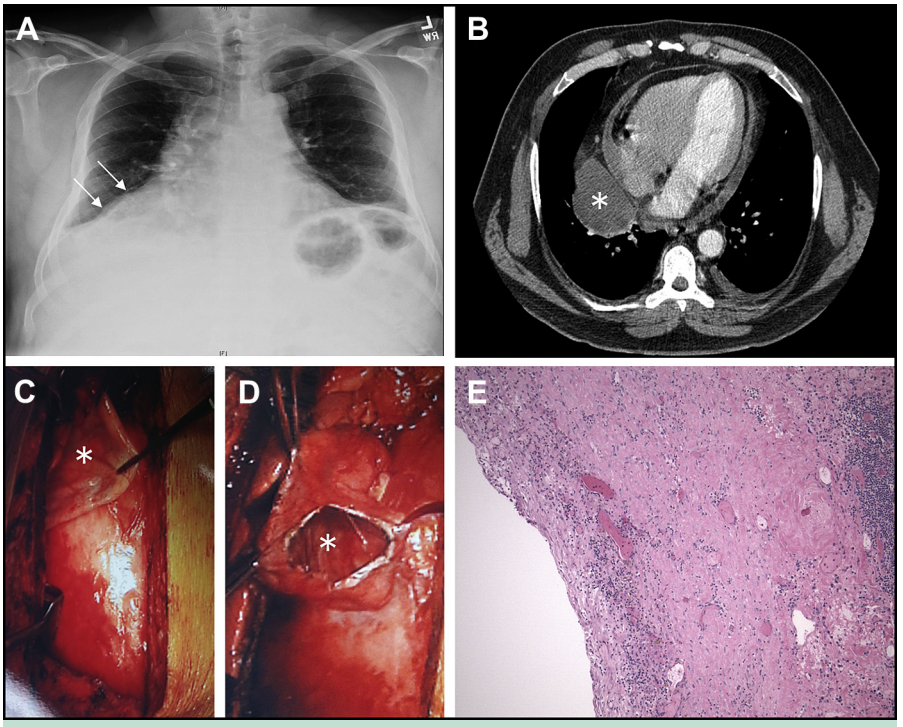

Figure 1 (**A**) Posteroanterior chest roentgenogram shows an enlarged cardiac silhouette and a mass abutting the right cardiophrenic angle (*arrows*). (**B**) Axial chest computed tomography scan shows a large cystic lesion measuring approximately 7 × 6 × 10 cm abutting the heart border with a radiodensity of 13 Hounsfield units (*asterisk*). (**C**) Surgical view of the cyst (*asterisk*). Note the inflamed appearance of the tissue. (**D**) Unroofed view of the cyst looking down to the pericardium (*asterisk*). (**E**) Histopathology shows fibrous tissue with chronic inflammatory infiltrates and no malignant features (hematoxylin–eosin, original magnification ×100).

excised (**Figure 1C** and **D**). Pathologic examination showed a thin-walled structure with fibrous tissue and chronic inflammatory infiltrates (**Figure 1E**). Postoperatively, the patient recovered uneventfully and remains asymptomatic.

Most pericardial cysts are benign congenital intrathoracic lesions that rarely cause symptoms. Their management is conservative.[1] Rupture of a pericardial cyst with ensuing pericarditis is a seldom-described complication. Surgical treatment is indicated in symptomatic patients.[2]

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