Symptomatic Pericardial Cyst: A Case Report with Diagnosis and Management

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INTRODUCTION

• Pericardial cysts are one of the most common primary benign lesions, accounting for 33% of masses found in the mediastinum.

• 75% of pericardial cysts are asymptomatic. In the remaining cases, symptoms primarily arise due to the mass effect.

• We present a case report of a symptomatic pericardial cyst in a patient who presented with chest pain. The diagnosis was confirmed through diagnostic imaging, and the subsequent management approach is discussed.

CASE PRESENTATION

• A 70-year-old female with history of smoking, HLP and emphysema presented with a one-year history of dull, intractable without radiation chest pain that worsened when lying on the left side. Physical examination did not reveal any notable findings.

• Initial diagnostic evaluations including chest X-ray, echocardiogram, and EKG did not reveal any abnormalities. The nuclear stress test revealed no evidence of acute ischemia or a significant fixed defect.

• Chest computed tomography angiogram (CTA) revealed:
  (1) A stable pericardial cyst measuring 22 x 17 mm at the level of the left atrium.
  (2) A low attenuating lymph node adjacent to the left atrium.
  (3) Bibasilar atelectasis were observed.

These findings strongly indicate the presence of a benign pericardial cyst.

• The patient has been managed with conservative treatment with periodic imaging follow-up.

DISCUSSION

• Mostly asymptomatic.

• Chest X-ray, CT scan, MRI, and echocardiography: establish the diagnosis.

• Systematic approach is essential when selecting treatment.

• Treatment options available:
  - Conservation and follow-up
  - Percutaneous aspiration, ethanol sclerosis
  - Surgical excision.

• Cardiac investigation for CAD is necessary for patients with high-risk factors.

• Surgical excision may not be needed for small, non-life-threatening cysts.

• In conservative management, reassurance is crucial to alleviate patient stress.

• Long-term follow-up is important to monitor patient recovery, potential recurrence, and complications.

CONCLUSION

• Pericardial cysts might be one of the etiologies for chest pain symptom.

• Chest CT scan and transthoracic echocardiography (TTE) play a crucial role in establishing the diagnosis.

• Surgical excision is recommended for large symptomatic cysts or potential for life-threatening risks.

• Conservative management may be appropriate for small symptomatic cysts.

• Long-term follow-up with periodic imaging surveillance is crucial to monitor patient.