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GIGANTIC PERICARDIAL CYST CAUSING PALPITATIONS - CASE REPORT

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ABSTRACT

Pericardial cysts are rare mediastinal tumors, often asymptomatic but potentially causing cardiovascular symptoms through compression of adjacent structures. We present the case of a 63-year-old woman with an incidentally detected mediastinal cyst adjacent to the right atrium. Initially asymptomatic, she later developed palpitations, dyspnea, and exercise intolerance. Imaging revealed significant compression of the right atrium and valvular regurgitation. Surgical intervention included mitral valve repair, cyst excision, and drainage of exudative fluid. Histopathology confirmed a pericardial cyst. Postoperative follow-up demonstrated normal valve function and resolution of symptoms. This case highlights the importance of timely surgical management of symptomatic pericardial cysts to prevent cardiac complications.

KEYWORDS

Pericardial Cyst, Mediastinal Tumor, Cardiac Compression, Mitral Valve Regurgitation, Surgical Excision, Case Report

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Case Report:

A 63-year-old woman was admitted for evaluation of a chest lesion discovered incidentally on a routine X-ray following a hysterectomy for bleeding fibroids. A subsequent chest CT scan revealed multiple liver cysts and a 9.56 x 9.25 x 8.09 cm mediastinal cyst adjacent to the right atrium, exhibiting fluid density and smooth borders without contrast enhancement. With the patient's stable condition, annual echocardiographic follow-up was recommended.

After four years, she developed position-independent symptoms, including palpitations, dyspnea, and reduced exercise tolerance. Echocardiography indicated moderate to severe mitral valve and moderate tricuspid valve regurgitation, along with compression of the right atrium by a fluid-filled lesion. Mitral valve repair was performed. The right pleural cavity was opened, 300 ml of exudative fluid was evacuated, and the entire cystic capsule was removed. On histopathological examination, the diagnosis of a pericardial cyst was confirmed. Follow-up showed normal valve function and left ventricular contractility. Preoperative symptoms were not reported.

Pericardial cysts, comprising only 7% of mediastinal tumors, are typically asymptomatic but can cause chest pain, palpitations, dyspnea, and cough due to adjacent structure compression. [1] Mechanically, they may induce arrhythmias, akin to other lesions like hiatal hernias. [2] In symptomatic cases surgical excision is the preferred treatment.

Conclusion:

Pericardial cysts are rare mediastinal lesions that are often detected incidentally but may lead to significant cardiac symptoms due to compression of adjacent structures. This case demonstrates that while conservative follow-up can be appropriate in asymptomatic patients, the onset of symptoms warrants surgical intervention. Complete cyst excision combined with correction of associated cardiac pathology can provide excellent clinical outcomes and prevent further complications.

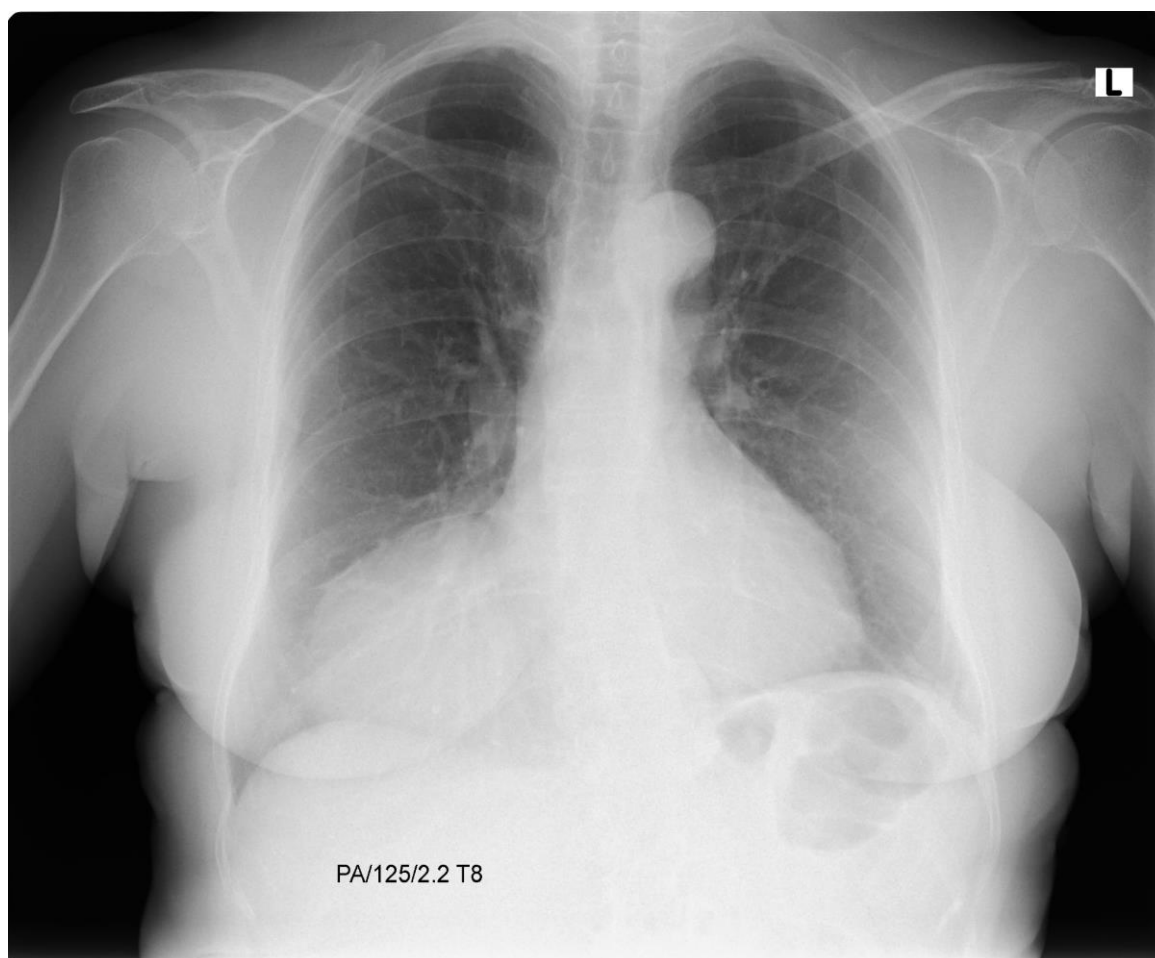


Fig. 1. Posterior anterior chest X-ray showing shadowing in the lower right region.



Fig. 2. CT multiplanar reformation (MPR), axial view showing multiple hepatic cysts.

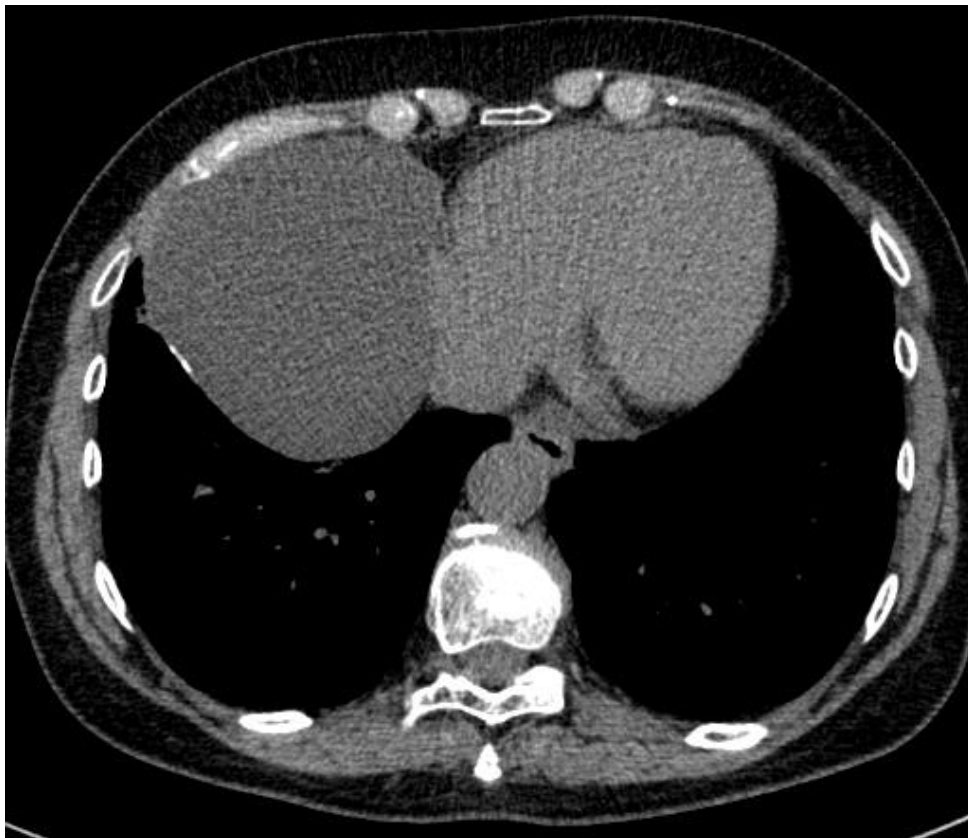


Fig. 3. CT MPR axial view showing a pericardial cyst compressing the right atrium.

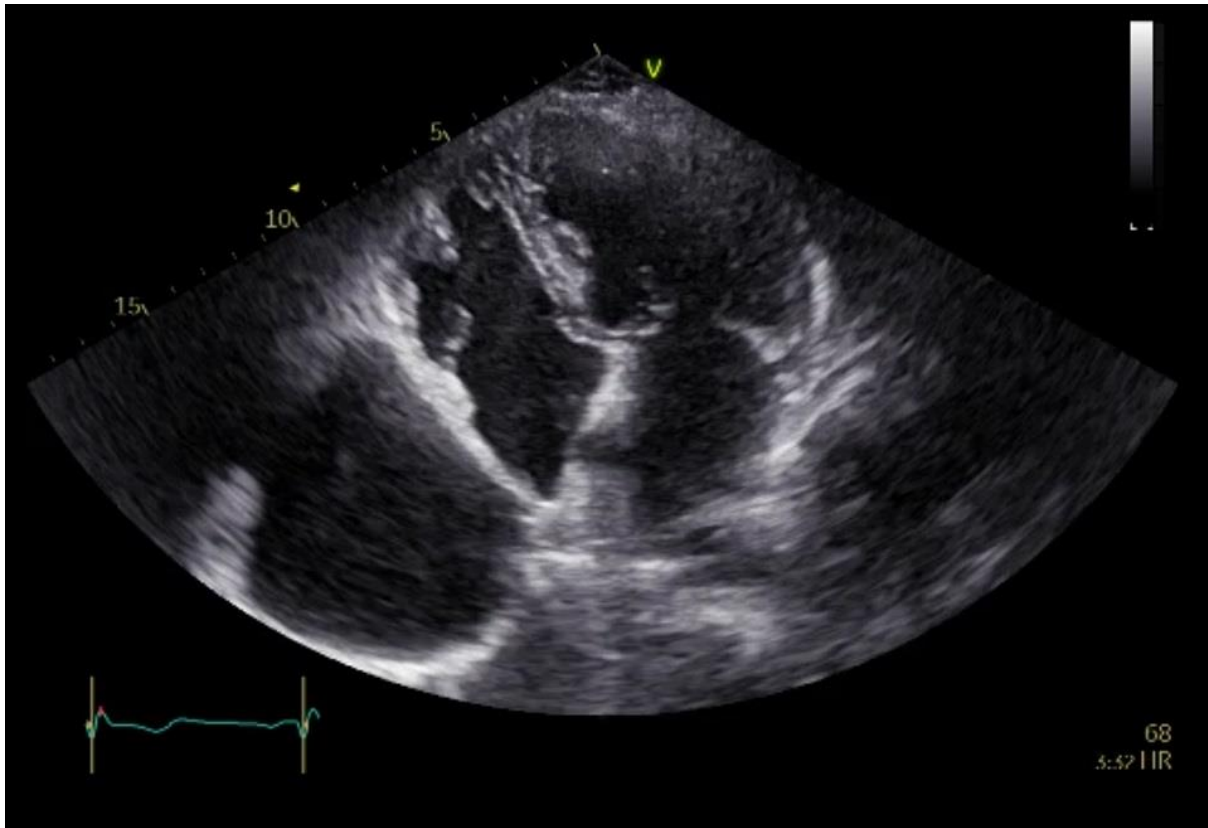


Fig. 4. *Transthoracic echocardiography (TTE), 4-chamber view, showing a fluid filled lesion near the right atrium.*

Video A. Transthoracic echocardiography (TTE), 4-chamber view, showing a fluid filled lesion near the right atrium.

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