

Intrapericardial Development of a Bronchogenic Cyst – Case Report

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Abstract

Introduction: Bronchogenic cysts, commonly located in the mediastinum or lung parenchyma, arise from abnormal budding of the tracheobronchial tree. Since an unknown percentage of asymptomatic adult patients with bronchogenic cysts remain undiagnosed, the true natural history of these cysts in adults is uncertain and the available series reflect a significant selection bias in favor of the symptomatic individual.

Case report: We present the case of a 42-year-old female who presented with adult central chest pain, which gradually worsened over several weeks. After several tests performed (standard blood tests, standard X-Ray, ECG, angio-CT scan), we identified a mediastinal mass inferior to the carina and adjacent to the left pleura, left atrium, pulmonary artery and esophagus. Considering the size of this mass and the possible complications, surgery was proposed and performed. We were able to completely remove the cyst and the patient had no complications after surgery.

Discussions: It may be difficult to differentiate a bronchogenic cyst from other lesions (acquired cystic lesions, mediastinal masses). Serious complications from bronchogenic cysts are rare, but can include SVC syndrome, tracheal compression, pneumothorax, pleurisy and pneumonia. Surgical excision is recommended even for asymptomatic cysts, to prevent complications and operative difficulties.

Conclusions: Bronchogenic cysts are rare and usually asymptomatic. Asymptomatic patients with bronchogenic cysts may become symptomatic cases, and in time may develop life-threatening complications. Definitive tissue diagnosis is usually available only after surgical excision. Based on our experience and after studying data from literature, we can conclude that bronchogenic cysts should be treated surgically and that a conservative approach is not recommended.

Key words: bronchogenic cyst, surgical intervention, complications