CASE REPORT

Surgery for palpitations?

and was culture negative.

Peadar F McKeown, Ian B A Menown, Paul F Rice

Authors

Peadar F McKeown Staff Grade Cardiology

Ian B A Menown Consultant Cardiologist

Paul F Rice Consultant Radiologist

Craigavon Cardiac Centre, Craigavon Area Hospital, Craigavon, BT63 5QQ, Northern Ireland

Correspondence to: Dr I B A Menown (imenown@cahgt.n-i.nhs.uk)

Key words

computed tomography, palpitations, pericardial cyst, video-assisted thorascopic surgery

Br J Cardiol 2008;15:110

63-year-old gentleman presented with palpitations and a sensation of chest fullness. He had previously undergone laparoscopic oesophageal fundoplication. Physical examination, electrocardiography, chest x-ray and a Bruce exercise stress test were unremarkable. A 24-hour tape revealed intermittent ventricular ectopics that coincided with his symptoms of palpitations. On non-standard views, echocardiography showed a large echolucent mass that was compressing the right ventricle (figure 1A). Left ventricular ejection fraction was preserved. Computed tomography (CT) of chest and abdomen demonstrated a massive lobulated cyst in the anterior mediastinum, arising from the pericardium, measuring 15.3 cm x 8.2 cm (figure 1B). CT-guided aspiration (figure 1C) obtained 600 ml of straw-coloured fluid (transudate), which contained no malignant cells

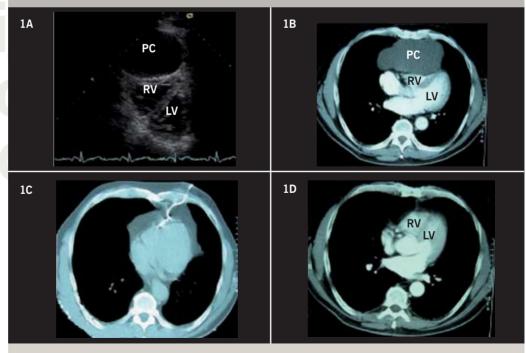
Excellent initial symptomatic benefit was obtained but follow-up CT four months later showed re-accumulation of fluid in the cyst, coinciding with a return of symptoms. The cyst was thus deroofed by video-assisted thoracoscopic surgery. Histopathology confirmed it to be composed of predominantly fibrofatty tissue with a partial lining of mesothelial cells. Following surgical treatment he noted sustained relief of symptoms. Follow-up CT of the chest (figure 1D) showed only negligible fluid and minor post-surgical thickening.

Pericardial cysts are rare abnormalities and often asymptomatic, although they may present with atypical chest pain, shoulder pain, cough or dyspnoea. To our knowledge, this is the first case in the literature describing a pericardial cyst presenting with palpitations

Conflict of interest

None declared.

Figure 1. A. Echocardiogram demonstrating large pericardial cyst. B. Computed tomography (CT) scan of chest. C. CT guided drainage of pericardial cyst. D. Follow-up CT scan of chest



 $\textbf{Key:} \ \mathsf{LV} = \mathsf{left} \ \mathsf{ventricle;} \ \mathsf{RV} = \mathsf{right} \ \mathsf{ventricle;} \ \mathsf{PC} = \mathsf{pericardial} \ \mathsf{cyst}$