

Physician - Pediatric Cardiac and Vascular Surgery/Adult Congenital Heart Diseases**[MEP-22]****Acute Cardiac Tamponade Secondary to Pericardial Cyst**Kamran Ahmadov¹, Vali Behbudov², Fahraddin Alakbarov¹, Kamran Musayev¹¹Department of Cardiovascular Surgery, Merkezi Klinika, Bakı, Azerbaijan²Pediatric Cardiology, Merkezi Klinika, Bakı, Azerbaijan**Türk Gogus Kalp Dama** 2024;32(Suppl 2):MEP-22

Doi: 10.5606/tgkdc.dergisi.2024.mep-22

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Received: September 08, 2024 - Accepted: September 29, 2024

Pericardial cysts are rare, with an estimated incidence of approximately 1 in 100,000, and are typically benign and incidentally discovered. However, pericardial cysts leading to cardiac tamponade are exceptionally rare. Herein, we presented the case of a five-year-old male patient who was admitted to the emergency department with symptoms of acute shortness of breath. Initial echocardiography revealed signs of cardiac tamponade, along with the presence of a cystic lesion within the pericardial cavity. Subsequent computed tomography and magnetic resonance imaging confirmed the presence of the cyst, leading to an emergency surgical intervention. A median sternotomy was performed, revealing a significant accumulation of hemorrhagic liquid, which was aspirated and sent to the pathological examination. A large cyst was identified situated between the aorta, superior vena cava, and right pulmonary artery. The cyst was excised and sent for pathological examination. The procedure was completed without complications. Histopathological analysis of the cyst revealed no evidence of malignancy. The patient had an uneventful recovery and was discharged on the sixth postoperative day in good condition. The patient continued to do well at the 10-month follow-up. This case underscores the importance of considering pericardial cysts in the differential diagnosis of cardiac tamponade, despite their rarity. Early imaging and surgical intervention are critical to preventing fatal outcomes in such cases.

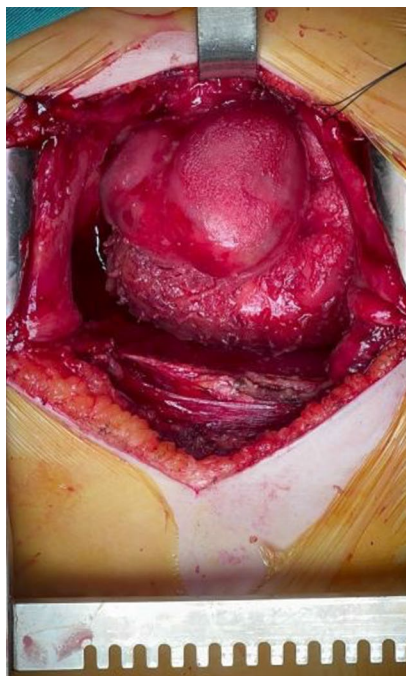
Keywords: Pericardial cyst, pericardial tamponade.

Figure 1. Intraoperative image of the pericardial cyst.



Figure 2. Completely removed pericardial cyst.

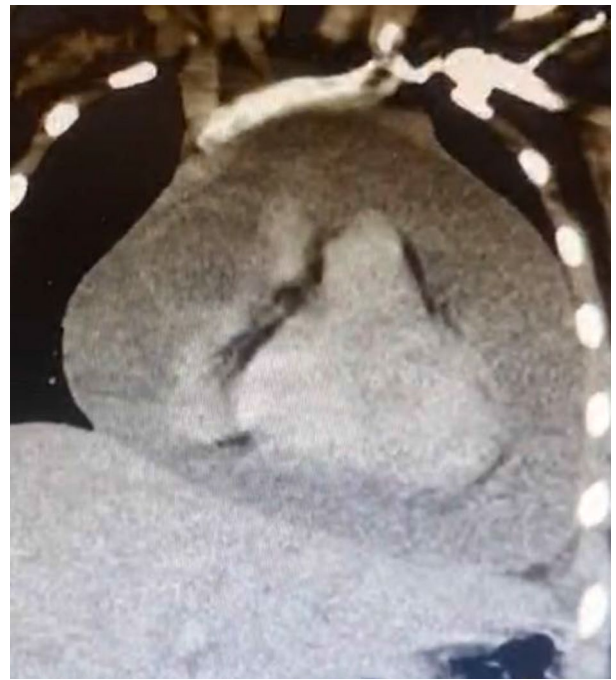


Figure 3. Computed tomography image of the pericardial cyst and pericardial tamponade.

References

1. Patel J, Park C, Michaels J, Rosen S, Kort S. Pericardial cyst: Case reports and a literature review. *Echocardiography* 2004;21:269-72. doi: 10.1111/j.0742-2822.2004.03097.x.
2. Cohen AJ, Effler DB, Gray RJ, Groves LK. Pericardial cysts: surgical considerations and review of the literature. *Thorax* 1983;38:800-803.
3. Kar SK, Ganguly T, Patra S, Mahapatra R. Acute cardiac tamponade due to pericardial cyst: a case report and literature review. *Indian Heart J* 2016;68(Suppl 2).
4. Hasegawa T, Sato N, Shimokawa T. Cardiac tamponade caused by a pericardial cyst: a case report. *J Cardiol Cases*. 2011;3(3).
5. Maisch B, Seferović PM, Ristić AD, Erbel R, Rienmüller R, Adler Y, et al. Guidelines on the diagnosis and management of pericardial diseases executive summary; The Task force on the diagnosis and management of pericardial diseases of the European society of cardiology. *Eur Heart J* 2004;25:587-610. doi: 10.1016/j.ehj.2004.02.002.