Clinical vignette

A large mediastinal tumour?

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A 72-year-old man with increasing shortness of breath and atypical angina pectoris received a chest radiograph (Panels A and B) as part of his routine work-up. The posterior (Panel A) and lateral (Panel B) views showed a large (8 x 5 cm²) mediastinal tumour posterior to the heart (arrows). Differential diagnoses in this situation included a tumour, e.g. arising from the oesophagus or the lungs, a lymphoma, an aortic aneurysm, a pericardial cyst, and gastric herniation. Consequently performed multislice computed tomography showed an oval-shaped cystic lesion immediately lateral to the oesophagus and the descending aorta and posterior to the heart (3D reconstruction, arrows in Panel C). Magnetic resonance imaging (Panel D) demonstrated a lipid–water level (sagittal orientation, arrow; L, lipid; W, water) within the cyst. Thus, a lymphatic origin from the thoracic duct was the most likely cause of this large mediastinal cyst, and a potentially life-threatening carcinomatous or vascular tumour could be excluded.

A colour version of this figure is available at European Heart Journal online.