Pericardial cyst rupture mimicking acute aortic syndrome

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A 75-year-old man presented with chest pain and syncope. An urgent contrast-enhanced computed tomography revealed double lumens in the anterior mediastinum and bilateral pleural effusions, which were suspected of type A acute aortic syndrome (Figure 1A). After the admission, the patient had sudden drop in blood pressure and underwent emergency surgery. Intraoperative transesophageal echocardiography showed an echo like a flap in the proximal aortic arch (Figure 1B). Operative findings showed that the aorta was intact although yellow clear fluid was observed in the anterior mediastinal and pericardial spaces (Figure 1C). After the resection of pericardium, the patient’s clinical status improved. Pathological examinations of the pericardium were compatible with pericardial cyst rupture (Figure 1D).

Most pericardial cysts are asymptomatic. This case, however, presented chest pain, syncope, and shock in association with cardiac tamponade following the rupture of a pericardial cyst, which mimicked acute aortic syndrome. Pericardial cyst rupture should be included in the differential diagnosis of acute aortic syndrome.

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