Symptomatic pericardial cyst in the presence of partial congenital absence of the pericardium

Matthew S. White*, Kunal N. Bodiwal, Alison L. Bailey, and Vincent L. Sorrell

Division of Cardiovascular Medicine, The Gill Heart Institute, University of Kentucky, 900 South Limestone Street, Room 326 CTW, Lexington, KY 40536-0200, USA

* Corresponding author. Tel: +1 859 323 5479; Fax: +1 859 323 6475; Email: matt.white@uky.edu

A 38-year-old male was admitted with exertional syncope, atypical chest pain, sinus bradycardia (46 bpm), and non-orthostatic hypotension (90/45 mmHg). Chest X-ray (Panel A) showed cardiac levoposition, flattening, and elongation of the left heart border, opacity at the left costophrenic angle, and non-orthostatic hypotension (90/45 mmHg). Chest X-ray confirmed a cystic anterior structure and leftward rotation of the right ventricle. Cardiac magnetic resonance imaging (Panels C and D) documented the pericardial cyst (8.6 × 3.5 cm) and insinuation of lung tissue between the aorta and pulmonary artery. Cine sequences (Supplementary data online, Video S1) confirmed paradoxical ventricular septal motion consistent with the congenital absence of the left pericardium. Exercise testing excluded chronotropic incompetence as the cause of his syncope; however, he was unable to appropriately increase his blood pressure with exercise (110/76 mmHg at rest and 116/75 mmHg at maximum stress).

Supplementary data are available at European Heart Journal – Cardiovascular Imaging online.

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