A 40-year-old woman was known for about 20 years to have a clearly defined round mass of water density, located just inferior to the carina, and diagnosed as a non-symptomatic carinal bronchogenic cyst. Cough and blood-tinged sputum led to re-evaluate the patient with chest radiograph (Fig. 1) and CT scan (Fig. 2). Bronchoscopy identified a 6 mm communication between the cyst and the posterior aspect of the carina. Through a right posterolateral thoracotomy, the cyst was removed successfully, and a large communication with the membranous part of the tracheobronchial tree was occluded using interrupted absorbable sutures.