Clinical vignette
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A large mediastinal tumour?

Marc Dewey* and Bernd Hamm

Department of Radiology, Charité, Medical School, Freie Universität und Humboldt-Universität zu Berlin, Charitéplatz 1, 10117 Berlin, Germany

* Corresponding author. Tel: +49 30 4505 27296; fax: +49 30 4505 27996. E-mail address: marc.dewey@charite.de

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 × 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.