


CLINICAL VIGNETTE

Pericardial cyst rupture mimicking acute aortic syndrome

Kazuhiro Nishigami1*, Touitsu Hirayama2, and Takihiro Kamio3

1 Division of Cardiology, Saiseikai Kumamoto Hospital Cardiovascular Center, 5-3-1 Chikami, Kumamoto 861-4193, Japan; 2 Division of Cardiovascular Surgery, Saiseikai Kumamoto Hospital Cardiovascular Center, Kumamoto, Japan; and 3 Division of Pathology, Saiseikai Kumamoto Hospital Cardiovascular Center, Kumamoto, Japan

* Corresponding author. Tel: +81 96 351 8000; Fax: +81 96 351 8513; Email: kazuhiro-nishigami@saiseikaikumamoto.jp

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 admis- sion, 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 resec- tion 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.