Salari et al. are correct in suggesting caution and focusing on the first of their three application categories. It is commendable that these authors, who have worked in this field, have been candid in recognizing the strengths and limitations of our increasing knowledge of identification of genetic determinants of disease.

Conflict of interest: none declared.

References

CARDIOVASCULAR FLASHLIGHT

Cholesterol pericarditis with massive pericardial cholesterol cyst

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A 63-year-old male presented with exertional dyspnoea, chest pain, and dizziness. He had a cardiac history of coronary artery disease with a percutaneous coronary intervention of the left descending artery. Furthermore, a pericarditis with a small pericardial cyst was observed 8 years ago. The general history revealed rheumatoid arthritis. On admission, central venous pressure was elevated and an apical systolic murmur was heard. Transthoracic echocardiography showed a large pericardial mass with compression of the right ventricle (Panels A and B). Magnetic resonance (MR) showed a large inhomogeneous mass of 9 × 8 cm, suspected to be a pericardial cyst (Panel C). The patient was discussed with our cardiac surgeons and accepted for cystectomy. During operation, the pericard was very fibrotic. The cyst was filled with small crystals (Panel D). Despite careful removing of the cyst the right ventricle could not unfold properly due to local constriction. Only after local epicardectomy, the right ventricle could visually unfold again. Pathology showed a fibrotically thickened pericard with extensive bleeding and cholesterol crystals, all of which suit a cholesterol pericarditis. A cholesterol pericarditis is an uncommon form of pericardial disease which is characterized by cholesterol crystals. The occurrence of a cholesterol pericarditis in patients with rheumatoid arthritis has been previously reported. In this unique case of cholesterol pericarditis, a massive cyst was discovered which caused symptoms due to right ventricular compression. To our knowledge, no similar cases have been reported to date in the literature.

Panels A and B. Transthoracic echocardiography of the subcostal view and the apical four-chamber view. Arrow indicates the cyst.
Panel C. MR, arrow indicates the cyst.
Panel D. The surgical view during operation, arrow indicates the edge of the surgically opened cyst.

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