



## Mediastinal cyst presenting as chest swelling

Abigail Bienenfeld<sup>a,\*</sup>, Evan A. Alpert<sup>a</sup>, Daniel Fink<sup>b</sup>

<sup>a</sup> Department of Emergency Medicine, Shaare Zedek Medical Center, Jerusalem, Israel

<sup>b</sup> Department of Cardiothoracic Medicine, Shaare Zedek Medical Center, Jerusalem, Israel



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A healthy 33-year-old woman presented to the ED with swelling on the right side of her chest that had been getting progressively larger over the last several months. She denied chest pain, cough, or dyspnea. On exam she was noted to have a hard, non-mobile, non-tender protrusion along the right anterior chest wall. Subsequent imaging was performed (Figs. 1 and 2).

A chest radiograph (Fig. 1) demonstrated an abnormal contour of the right heart border. Computed tomography angiography of the chest was obtained (Fig. 2) and demonstrated a mediastinal cyst without evidence of compression of surrounding vasculature.

The patient was operated on via video-assisted thoracoscopic surgery, and the mass was dissected off the pericardium and lung. Due to its large size it was not possible to safely separate it completely without perforating the capsule and therefore a small thoracotomy incision was made. The mass was removed without incident (Fig. 3). She made an uneventful recovery and was discharged on the third postoperative day. Pathology confirmed a teratoma.

Mediastina teratomas are rare, accounting for only 5–10% of mediastinal tumours. Most are benign, slow growing tumours, and as such are often asymptomatic.<sup>1</sup> As they grow larger, they may compress surrounding organs thereby causing symptoms such as chest pain, dyspnea or coughing.<sup>2</sup> Although rare, they can rupture into the surrounding structures such as pleural space, pericardium or lung.<sup>3</sup>

### Conflict of interest and authorship confirmation

Please check boxes below as appropriate:

All authors have participated in (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for important intellectual content; and (c) approval of the final version.

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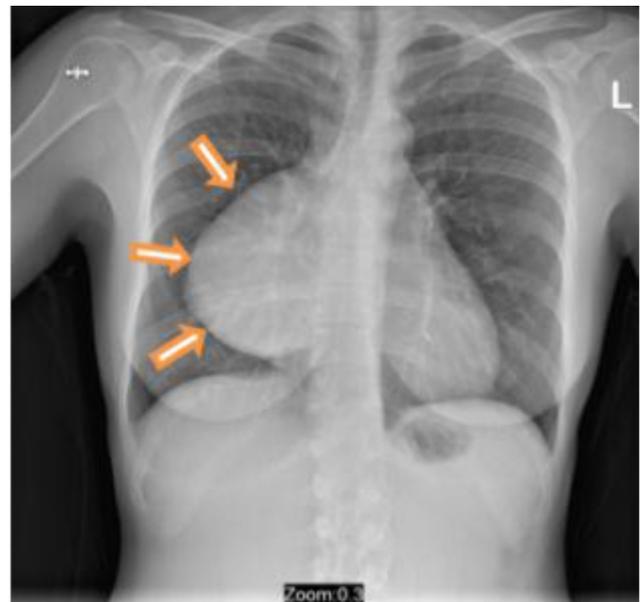


Fig. 1. Chest radiograph demonstrating an abnormal contour along the right heart border.

\* Corresponding author.

E-mail address: [abigail.bienenfeld@gmail.com](mailto:abigail.bienenfeld@gmail.com) (A. Bienenfeld).

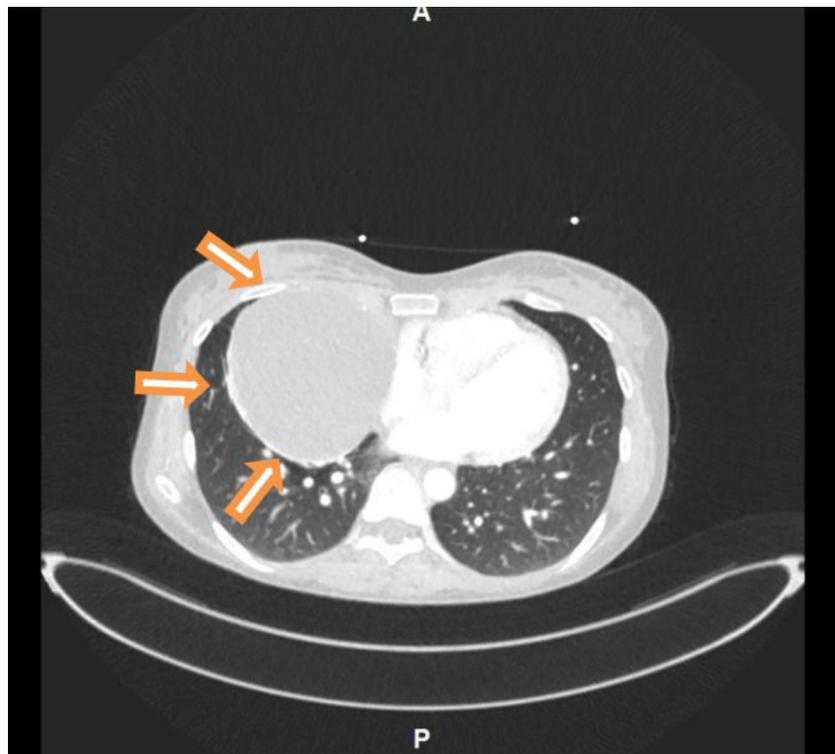


Fig. 2. Right sided mediastinal cyst.



Fig. 3. Mediastinal teratoma after excision.

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#### Supplementary materials

Supplementary material associated with this article can be found, in

the online version, at doi:[10.1016/j.visj.2018.11.014](https://doi.org/10.1016/j.visj.2018.11.014).

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### Questions

1. True or False: Mediastinal teratomas are often symptomatic and identified after patients present with a variety of symptoms.
  - a. True
  - b. False
  
2. Which of the following is true concerning teratomas?
  - a. Teratomas comprise 90% of mediastinal tumors.
  - b. Teratomas are fast growing mediastinal tumors.
  - c. Mediastinal teratomas may present with chest pain, shortness of breath, or coughing.

- d. Most mediastinal teratomas are malignant.

### Answers

1. False. Explanation: Mediastinal teratomas are generally asymptomatic and are identified incidentally on imaging.
  
2. Mediastinal teratomas may present with chest pain, shortness of breath, or coughing. Explanation: Mediastinal teratomas may present with chest pain, shortness of breath, or coughing. In addition, they account for only 5-10% of mediastinal tumors. Most are benign, slow growing tumors.