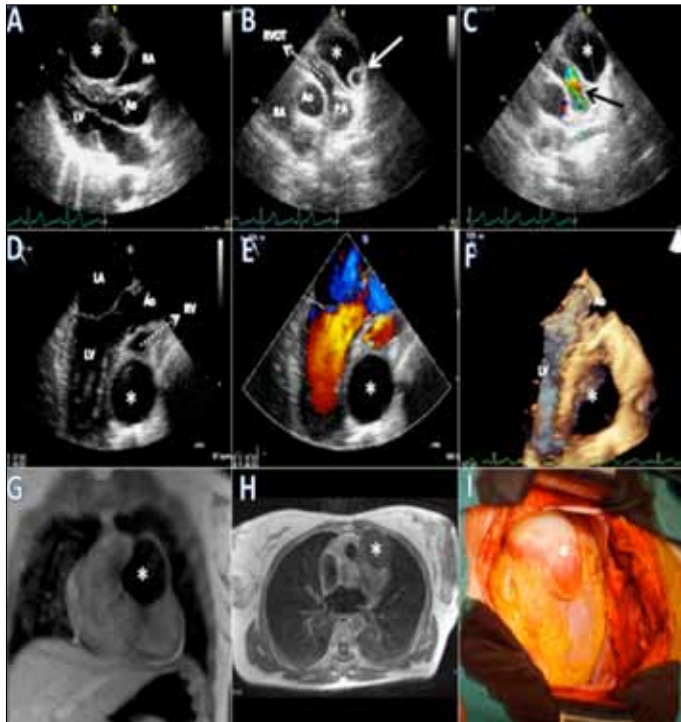


## A cyst within a cyst



## Kist içinde kist

A 31-year-old woman was referred to our hospital for recurrent syncopal attacks. Physical examination was normal except for a 2/6 systolic murmur at pulmonary area. Her chest X-ray and electrocardiogram were also normal. The laboratory workout showed leukocytosis and hypereosinophilia. On transthoracic echocardiography, a cystic lesion with a smooth, distinct border was found next to the right ventricular outflow tract (RVOT) (Fig. 1A, Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Inside the cystic structure, a smaller cyst of 1 x 1 cm dimension was seen (Fig. 1B, Video 2. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). The lesion was compressing the RVOT, and on Doppler examination, a gradient of 30 mmHg was measured at the RVOT (Fig. 1C, Video 2. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). The same lesion was confirmed by 2-D transeophageal echocardiography (TEE) (Fig. 1D, E, Video 3-4. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)) but 3-D TEE study could not provide further details about the nature of the cyst (Fig. 1F, Video 5. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Being endemic in Turkey, Echinococcosis was suspected because of the characteristic appearance of the cystic lesi-



**Figure 1.** Transthoracic parasternal long-axis view (panel A) showing the cystic mass with an echolucent center compressing the right ventricle. Transthoracic parasternal short-axis view at the aortic valve level (panel B) showing the cyst its inner small cyst (white arrow) and color flow view (panel C) showing the hydatid cyst compressing the RVOT (black arrow). 2-D Mid-esophageal long-axis view (panel D and E) showing the cyst compressing the right ventricle. The cystic mass shown by real-time 3-D TEE (panel F). Cardiac magnetic resonance images (panel G and H) showing the cystic mass with smooth border next to the RVOT. Intraoperative image (panel I) of the intrapericardial mass without invasion into neighboring tissues localized next to the RVOT

Ao - aorta, LA - left atrium, asterisk shows the hydatid cyst, LV - left ventricle, PA - pulmonary artery, RA - right atrium, RVOT-right ventricular outflow tract

on. On cardiac magnetic resonance imaging, the cyst was found to possess a smooth border and no invasion into neighboring structures was noted (Fig. 1G, H). On surgery, median sternotomy was done, and the cyst was found to be situated on the right ventricle under the pericardium (Fig. 1I). The wall was punctured and hypertonic saline and iodine was injected. The same procedure was also applied to the inner cyst, and the two cysts were removed together. Treatment with albendazole was continued for 4 weeks after the operation. The postoperative follow-up was uneventful.

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## A giant mediastinal carcinoid tumor that compresses the pulmonary artery and vein

## Pulmoner arter ve vene bası yapan dev mediastinal karsinoid tümör

A 39-year-old man was admitted with recently initiated complaints of chest pain and dyspnea. He had a history of hypophysis and thyroid operation after being diagnosed with MEN type 1 syndrome including prolactinoma, parathyroid adenoma, gastrinoma and a nonfunctional adenoma on suprarenal glands 3 years before admission. Chest X-ray (Fig. 1, 2) displayed a large mediastinum, computed tomography showed 13x9x11 cm lobulating, heterogeneous hypodense mass in superior mediastinum that compressed left superior pulmonary vein (Fig. 3). There were no metastatic masses in liver or in any other localization.



**Figure 1.** Anteroposterior chest X-ray view of an enlarged mediastinum