The fluid was aspirated first (Fig. 3). The cyst was totally excised with surrounding fat tissue (Fig. 4). Histological examination revealed a benign pericardial cyst, lined with a single layer of typical cuboidal mesothelial cells. The patient had an uneventful hospital course and was discharged at the 6th postoperative day.

Figure 2. Chest-computed tomography scan showing a cystic mass at the right cardiophrenic sinus

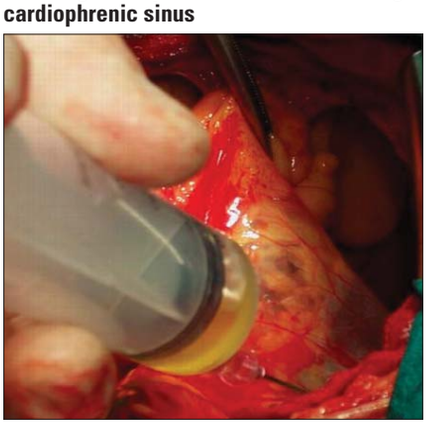

Figure 3. Intraoperative aspiration of the fluid within the cyst

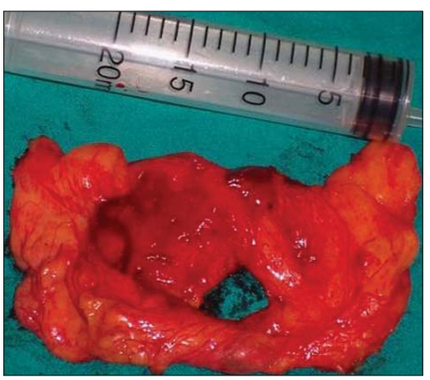

Figure 4. The gross view of the excised cyst, with the fat pad around it

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Giant aneurysm of the ductus arteriosus

Dev duktal anevrizma

Aneurysm of ductus arteriosus (ADA) is characterized by a localized saccular or tubular dilatation of the ductus arteriosus and is a rare lesion that can be associated with sever complications such as thromboembolism, rupture, infection, erosion, compression of adjacent structure and death. Although there were many reported adults and children with symptoms related to ADA, recently published case reports suggest that congenital ADA may be more common than observed postnatally, with the majority of affected fetuses being asymptomatic at birth.

Diagnostic tools are transthoracic and/or transesophageal echocardiography, digital subtraction angiography (DSA), magnetic resonance imaging (MRI), 3D computed tomography (CT) scanning on clinically suspected patients.

Although regression of ADA after indomethacin treatment was clearly demonstrated by 3D CT scan, because of critical location and the high incidence of complications, it should be surgically corrected when diagnosed.

In patients with patent ductus arteriosus (PDA) infective endarteritis is an important reason for hospital admission, with a higher incidence of 4,8 patients / 1000 hospital admissions in children aged < 16 years admitted to a pediatric cardiology referral center.

Previously healthy 13 year-old boy was referred to the hospital for a high fever and poor general condition. Physical examination and l aboratory studies showed stenotic bicuspid aortic valve, dilatation of the ascending aorta, discrete coarctation at the isthmic localization, PDA, aneurysmatic structure at the posterior of ascending aorta and endarteritis with no vegetation at any localization (Fig. 1). Surgical

Figure 1. Left lateral digital subtraction angiography (DSA) view of the aneurism. Note the visualization of main pulmonary artery, aneurysm, isthmic coarctation and post-coarctational aortic dilatation when contrast medium was given at the isthmic localization of the aorta

correction was performed with Dacron tube graft aortoplasty after successful medical endarteritis therapy (Fig. 2). This case is an example of the rare anatomic structure, which emphasizes importance of infective endarteritis as an life threatening complication in these patients.

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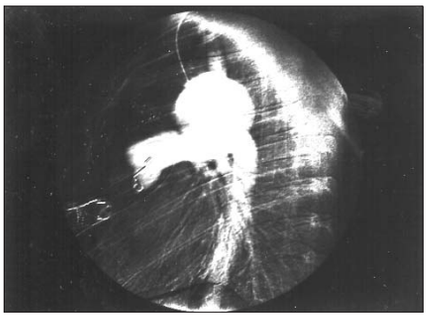

Figure 2. Cardiac magnetic resonance imaging (MRI) angiography left lateral view postoperative period. Note the Dacron tube graft, the truncated of the ductus arteriosus and other normal structures of the aorta after surgical correction