

Pseudocardiomegaly

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A 13-year-old boy was referred to us from a primary healthcare provider, because of cardiomegaly on chest X-ray, to evaluate further for cardiac disease (Fig. 1). He has been suffering from cough, evening fever and breathlessness. Breathlessness is increasing in the night, wakes him in the middle of the night.

At a closer look at the skiagrams, it was suspected that there was a retrocardiac mass. Contrast-enhanced computed tomography (CECT) showed huge retrocardiac cystic swelling in the posterior mediastinum (Figs. 2 and 3). The patient was provisionally diagnosed to have foregut duplication or bronchogenic cyst. CT guided aspiration yielded very little fluid, which showed inflammatory cells only. It was not possible to remove the cyst in toto at thoracotomy, hence marsupialization was done.

Histopathological examination of cyst wall confirmed tuberculous etiology. Magnetic resonance imaging (MRI) scan of thoracolumbar spine did not reveal any caries spine. He responded well to antituberculous treatment given for 1 year (Fig. 4).

The mediastinum is a complex structure embryologically and anatomically. Hence, cysts arising in this area are of varied etiology and pathological



Figure 1. Chest X-ray PA view showing apparent cardiomegaly.



Figure 2. CT scan chest vertical view cyst resembling cardiac shadow.



Figure 3. CT scan chest horizontal view depicting the posterior location of cyst.

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Figure 4. Normal chest X-ray post 1 year antituberculous treatment.

processes. Mediastinum is divided anatomically into anterior, middle and posterior mediastinum. Most common tumors arising from anterior mediastinum are of thymic, lymphatic or germ cell origin. Rarely

bronchogenic cyst and masses from aberrant thyroid and parathyroid tissue may be found. Neoplasms in the middle mediastinum area are usually of lymphatic or of neurogenic origin. Bronchogenic, esophageal, gastric and pleuropericardial cysts may frequent middle mediastinum. Neurogenic neoplasms are most common masses in the posterior mediastinum. Tumors arising from lymphatic, vascular or mesenchymal tissue can also be found in addition to bronchogenic and neurenteric cysts. Cystic masses from caseating lymph nodes and spine have also been reported in the posterior mediastinum from developing nations.

Mediastinal cysts or tumors are often found as an incidental radiological finding in asymptomatic patients. They may present with cough, chest pain, wheezing, dyspnea or rarely stridor. Paraesophageal cysts may present with dysphagia or regurgitation. Complex neurenteric cysts with spinal extension produce neurological symptoms.

Surgical procedure is the treatment of choice to be followed with specific antitubercular treatment in rare occasions like the case described above. Nevertheless, surgery may not be essential unless cyst is symptomatic, infected, potentially malignant, present at an atypical location, progressively growing, compromising airways or present in children.

