

Abstract

While bronchogenic cysts are rare incidental findings, they can have life threatening complications. Herein, we report a case of a 44-year old man who presented with complaints of left sided chest pain, intermittent dyspnea, and pink-tinged sputum. Computed tomography angiography of the chest revealed a large cystic middle mediastinal mass in the subcarinal location. During his hospital stay, the patient became hypotensive with jugular venous distention and muffled heart sounds on auscultation. Echocardiography depicted a circumferential pericardial effusion with findings consistent with cardiac tamponade. Pericardiocentesis and thoracotomy were performed for the drainage and removal of both the pericardial fluid and bronchogenic cyst. Upon review of the literature, a few case reports have shown an association between bronchogenic cysts and cardiac tamponade with surgical resection being the treatment of choice to alleviate symptoms and to prevent complications. In this case, we aim to assess the relationship between bronchogenic cysts and cardiac tamponade and to review the initial patient workup and surgical treatment options.