An 8-year-old boy presented to the Emergency Department with a persistent cough and right-sided chest pain. Physical examination was normal. Imaging tests revealed mediastinal enlargement on chest radiography (Fig. 1A), a 62 mm cystic lesion in close proximity to the pericardium on computed tomography, and an echocardiogram showed a small pericardial effusion. The magnetic resonance imaging test then confirmed a 62 mm pericardial cyst (Fig. 1B). Blood tests including inflammation markers and cardiac biomarkers were normal. Further tests including immunologic assays and tuberculosis screening were unremarkable. Pericardial cysts have an incidence of 1 in 100,000, accounting for 6% of mediastinal masses. They are usually congenital and asymptomatic, often incidentally detected during imaging. Most are benign, prompting a conservative approach, but symptomatic or rapidly enlarging cysts may require surgery. In this case, conservative management was chosen, and the patient remained stable after eight months of follow-up.
COMPETING INTERESTS

The authors have declared that no competing interests exist.

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