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IMAGES IN EMERGENCY MEDICINE

Cardiology

Epigastric pain with incidental finding on a chest radiograph

Sarah Bin Hariz MBBS[1] | **Amani El Khalifa MBBS**[1] | **Abdulla Alhmoudi MBBCh**[2]

[1] Sheikh Shakhbout Medical City, Abu Dhabi, United Arab Emirates

[2] Emergency Department, Zayed Military Hospital, Abu Dhabi, United Arab Emirates

Correspondence
Abdulla Alhmoudi, MBBCh, Emergency Department, Zayed Military Hospital, Al Khaleej Al Arabi St, Abu Dhabi 55000, United Arab Emirates.
Email: abdhammoudi@gmail.com

1 | PATIENT PRESENTATION

A 30-year-old African female presented to the emergency department for worsening recurrent epigastric pain. She reported a history of peptic ulcer disease and reported noncompliance with proton pump inhibitor due to cost. An erect chest x-ray (CXR) was obtained for evaluation, which revealed an incidental finding of a large left-sided pleuropericardial cyst (benign congenital anomaly) as shown in the posteroanterior and lateral views. The images (Figures 1 and 2) demonstrate a large mass occupying the left hemithorax within mid and lower zones, measuring 12.5 × 8.3 cm. Lung markings can be seen through this lesion, and there is a loss of silhouette of the left heart

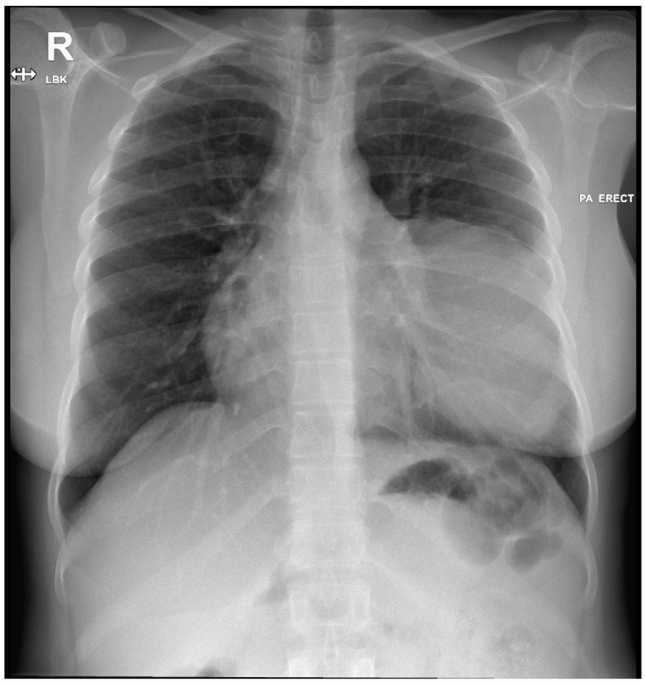

FIGURE 1 A large mass occupying the left hemithorax within mid and lower zones, measuring 12.5 × 8.3 cm. Lung markings can be seen through this lesion, and there is a loss of silhouette of the left heart border, suggesting it is in contact with the heart—no pleural effusion. The rest of the lungs are clear

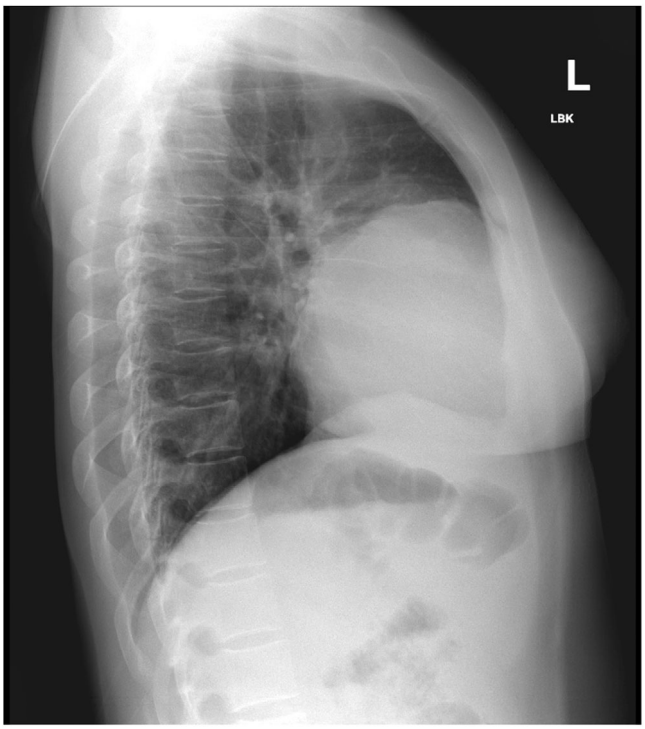

FIGURE 2 Lateral chest X-ray

border, suggesting it is in contact with the heart—no pleural effusion. The rest of the lungs are clear.

2 | DIAGNOSIS

2.1 | Pleuropericardial cysts

Pleuropericardial cysts (PPCs) are rare mediastinal lesions, usually congenital, benign, and are rarely acquired or malignant.[1] They are detected incidentally on routine chest X-rays or post-mortem.[2] Although most PPCs are asymptomatic, patients may present with chest pain or dyspnea but can occasionally cause life-threatening complications, such as pericardial tamponade.[3–5]

Asymptomatic cases are managed conservatively with a close follow-up using non-contrast computed tomography (CT), ultrasound, or magnetic resonance imaging (MRI). Surgical excision of the cyst has been considered the gold standard of management (especially in complicated cases) with excellent outcomes.[2]

Our patient was found to have *H. pylori* infection and began triple therapy. The patient was given an outpatient follow-up for a CT scan of chest to further evaluate the cyst. However, the patient was lost to follow up.

ORCID

Abdulla Alhmoudi MBBCh https://orcid.org/0000-0003-1048-3838

REFERENCES

1. De Roover P, Maisin J, Lacquet A. Congenital pleuro-pericardial cysts. *Thorax*. 1963;18(2):146-150.
2. Koumantzia C, Saridakis N, Eleftheriou A. Pleuropericardial cyst: a review of the literature. *J Cardiol Cardiovasc Sci*. 2019;3(4):16-29.
3. Adil A, Hashmani S, Khan GU. Pleuro-pericardial cyst. *J Coll Physicians Surg Pak*. 2010;10(20):685-686.
4. Kar SK, Ganguly T, Dasgupta S, Mitra M, Bhattacharya R. Pericardial cyst: a review of historical perspective and current concept of diagnosis and management. *Interv Cardiol J*. 2015;1(8):1-8.
5. Patel J, Park C, Michaels J, Rosen S, Kort S. Pericardial cyst: case reports and a literature review. *Echocardiography*. 2004;21(3):269-272.

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