



A quest for evidence supporting operative intervention for cystic lesions in the mediastinum

Incidental finding of cystic lesions in the mediastinum usually prompts consultation to thoracic surgeons. During my training I learned that except for asymptomatic small pericardial cysts, all other mediastinal cysts should be surgically excised (1). However, this recommendation appears to be based on opinions instead of controlled scientifically sound studies.

The goal of this series was to systematically review the available literature and provide a comprehensive document about mediastinal cysts that includes etiology, clinical presentation, radiologic characteristics, treatment modalities, surgical indications, incidence of complications and recurrence.

The most common presentation of a mediastinal cyst is as incidental finding on a chest computed tomography (CT) scan (2). As such, our series starts with a comprehensive review of radiological characteristics of different types of mediastinal cystic lesions. We then review the literature supporting indications for surgical excision based on anatomic location, presence of symptoms and potential for malignancy. We later describe different surgical approaches and include an editorial about the incidence of complications and recurrence. Finally, the authors focus on the most common mediastinal cysts: bronchogenic, esophageal duplication, thymic and pericardial cysts.

The purpose of this work is to serve as a quick reference for health care providers (specifically thoracic surgeons) to make educated decisions about the management of mediastinal cysts.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Mediastinum* for the series “Mediastinal Cysts”. The article did not undergo external peer review.

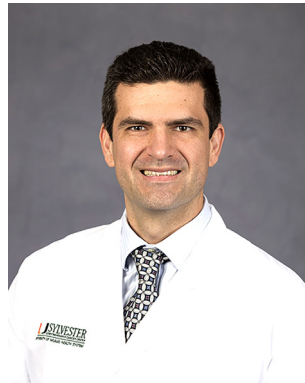
Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at <https://med.amegroups.com/article/view/10.21037/med-23-5/coif>). The series “Mediastinal Cysts” was commissioned by the editorial office without any funding or sponsorship. NV served as the unpaid Guest Editor of the series and an unpaid editorial board member of *Mediastinum* from August 2020 to July 2024. The author has no other conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Keywords: Mediastinum; cyst; surgery

Received: 06 February 2023; Accepted: 17 February 2023; Published online: 10 March 2023.

doi: 10.21037/med-23-5

View this article at: <https://dx.doi.org/10.21037/med-23-5>

doi: 10.21037/med-23-5

Cite this article as: Villamizar N. A quest for evidence supporting operative intervention for cystic lesions in the mediastinum. *Mediastinum* 2023;7:12.