

Image Article

Mediastinal Cystic Teratoma Masquerading as Recurrent Pneumonia

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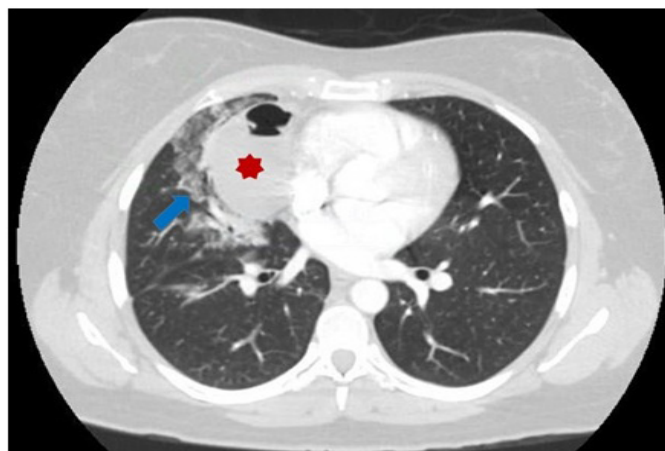
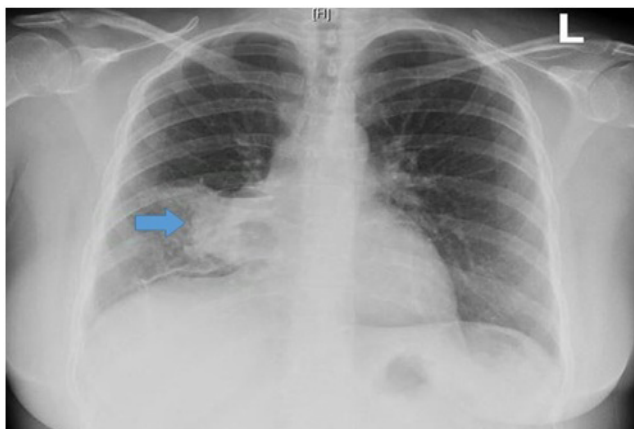
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A 37-year-old lady presented with 4 days of fever, chills and productive cough. Over the last one year, she had on multiple instances been diagnosed with right middle lobe (RML) pneumonia and treated with antibiotics, each time with incomplete resolution of symptoms. Chest X-ray on admission revealed a RML dense opacity with an air fluid level (Figure 1, arrow), concerning for a lung abscess or a necrotic tumor. However, CT chest revealed a cystic lesion (Figures 2, 3. Red stars) with surrounding lung infiltrates (Figures 2, 3. Blue arrows). The cyst seemed to be originating from the pericardium and we suspected an infected pericardial cyst. The patient underwent thoracotomy, which to our surprise revealed an anterior right mediastinal cyst, abutting but attached neither to the pericardium nor the lung parenchyma. Cyst was resected and histopathology revealed a mature cystic teratoma with thymic gland components present in its wall. Patient had an uneventful recovery.



Teratomas are embryonal tumors that arise from the region of the third bronchial cleft [1]. After gonads, mediastinum is the second most common location for teratomas [2]. Most of the ma-

ture teratomas in adults are asymptomatic and are often found incidentally on chest imaging. When symptoms do occur they are most commonly from these tumors compressing on nearby structures [3]. Superinfection of cystic teratomas, clinically mimicking recurrent pneumonia as in our patient, is indeed an unusual presentation. Clinicians need to be mindful of this possibility in the appropriate patient population. CT scan can provide diagnostic clues but definitive diagnosis and treatment require surgical excision.

References

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