

World Journal of *Clinical Cases*

World J Clin Cases 2021 December 26; 9(36): 11122-11508



Contents

Thrice Monthly Volume 9 Number 36 December 26, 2021

REVIEW

- 11122** Diet and microbiome in the beginning of the sequence of gut inflammation
Ceballos D, Hernández-Camba A, Ramos L

MINIREVIEWS

- 11148** Stem cell therapy: A promising treatment for COVID-19
Zheng ZX

ORIGINAL ARTICLE

Case Control Study

- 11156** Association between serum Sestrin2 level and diabetic peripheral neuropathy in type 2 diabetic patients
Mao EW, Cheng XB, Li WC, Kan CX, Huang N, Wang HS, Hou NN, Sun XD
- 11165** Plasma brain natriuretic peptide, platelet parameters, and cardiopulmonary function in chronic obstructive pulmonary disease
Guo HJ, Jiang F, Chen C, Shi JY, Zhao YW

Retrospective Cohort Study

- 11173** Analysis of the incidence and influencing factors of hyponatremia before ¹³¹I treatment of differentiated thyroid carcinoma
Cao JJ, Yun CH, Xiao J, Liu Y, Wei W, Zhang W

Retrospective Study

- 11183** Cognitive magnetic resonance imaging-ultrasound fusion transperineal targeted biopsy combined with randomized biopsy in detection of prostate cancer
Pang C, Wang M, Hou HM, Liu JY, Zhang ZP, Wang X, Zhang YQ, Li CM, Zhang W, Wang JY, Liu M
- 11193** Nomogram based on inflammation-related markers for predicting survival of patients undergoing hepatectomy for hepatocellular carcinoma
Pu T, Li ZH, Jiang D, Chen JM, Guo Q, Cai M, Chen ZX, Xie K, Zhao YJ, Liu FB
- 11208** Association of frailty with in-hospital outcomes in elderly patients with heart failure
Kang YP, Chen LY, Zhu JJ, Liu WX, Ma CS
- 11220** COVID-19 pandemic and exacerbation of ulcerative colitis
Suda T, Takahashi M, Katayama Y, Tamano M
- 11228** Surgical perspectives of symptomatic omphalomesenteric duct remnants: Differences between infancy and beyond
Kang A, Kim SH, Cho YH, Kim HY

- 11237** Clustering cases of *Chlamydia psittaci* pneumonia mimicking COVID-19 pneumonia

Zhao W, He L, Xie XZ, Liao X, Tong DJ, Wu SJ, Liu J

- 11248** Sodium nitroprusside injection immediately before balloon inflation during percutaneous coronary intervention

Yu Y, Yang BP

- 11255** Machine learning approach to predict acute kidney injury after liver surgery

Dong JF, Xue Q, Chen T, Zhao YY, Fu H, Guo WY, Ji JS

- 11265** Application effect for a care bundle in optimizing nursing of patients with severe craniocerebral injury

Gao Y, Liao LP, Chen P, Wang K, Huang C, Chen Y, Mou SY

Clinical Trials Study

- 11276** Influence of pontic design of anterior fixed dental prosthesis on speech: A clinical case study

Wan J, Cai H, Wang T, Chen JY

Observational Study

- 11285** Real-world data on the infliximab biosimilar CT-P13 (Remsima®) in inflammatory bowel disease

Huguet JM, Cortés X, Bosca-Watts MM, Aguas M, Maroto N, Martí L, Amorós C, Paredes JM

- 11300** Correlation of periodontal inflamed surface area with glycemic status in controlled and uncontrolled type 2 diabetes mellitus

Anil K, Vadakkekuttikal RJ, Radhakrishnan C, Parambath FC

- 11311** Audiological characteristics and exploratory treatment of a rare condition of acute-otitis-media-associated sudden sensorineural hearing loss

Cao X, Yi HJ

- 11320** Yield of testing for micronutrient deficiencies associated with pancreatic exocrine insufficiency in a clinical setting: An observational study

Jalal M, Campbell JA, Tesfaye S, Al-Mukhtar A, Hopper AD

Prospective Study

- 11330** Birthing ball on promoting cervical ripening and its influence on the labor process and the neonatal blood gas index

Shen HC, Wang H, Sun B, Jiang LZ, Meng Q

CASE REPORT

- 11338** Mucormycosis – resurgence of a deadly opportunist during COVID-19 pandemic: Four case reports

Upadhyay S, Bharara T, Khandait M, Chawdhry A, Sharma BB

- 11346** Ductal breast carcinoma metastasized to the rectum: A case report and review of the literature

Ban B, Zhang K, Li JN, Liu TJ, Shi J

- 11355** De Garengeot hernia with avascular necrosis of the appendix: A case report
Yao MQ, Yi BH, Yang Y, Weng XQ, Fan JX, Jiang YP
- 11362** Mature mediastinal bronchogenic cyst with left pericardial defect: A case report
Zhu X, Zhang L, Tang Z, Xing FB, Gao X, Chen WB
- 11369** Difficulties in diagnosing anorectal melanoma: A case report and review of the literature
Apostu RC, Stefanescu E, Scurtu RR, Kacso G, Drasovean R
- 11382** Solid pseudopapillary neoplasm of the pancreas in a young male with main pancreatic duct dilatation: A case report
Nakashima S, Sato Y, Imamura T, Hattori D, Tamura T, Koyama R, Sato J, Kobayashi Y, Hashimoto M
- 11392** Acute myocardial infarction in a young man with ankylosing spondylitis: A case report
Wan ZH, Wang J, Zhao Q
- 11400** Acute appendicitis complicated by mesenteric vein thrombosis: A case report
Yang F, Guo XC, Rao XL, Sun L, Xu L
- 11406** Inguinal endometriosis: Ten case reports and review of literature
Li SH, Sun HZ, Li WH, Wang SZ
- 11419** Dramatic response to immunotherapy in an epidermal growth factor receptor-mutant non-small cell lung cancer: A case report
Li D, Cheng C, Song WP, Ni PZ, Zhang WZ, Wu X
- 11425** Three-dimensional inlay-guided endodontics applied in variant root canals: A case report and review of literature
Yan YQ, Wang HL, Liu Y, Zheng TJ, Tang YP, Liu R
- 11437** Ectopic pregnancy implanted under the diaphragm: A rare case report
Wu QL, Wang XM, Tang D
- 11443** Ear ischemia induced by endovascular therapy for arteriovenous fistula of the sigmoid sinus: A case report
Li W, Zhang SS, Gao XR, Li YX, Ge HJ
- 11448** Giant schwannoma of thoracic vertebra: A case report
Zhou Y, Liu CZ, Zhang SY, Wang HY, Varma SN, Cao LQ, Hou TT, Li X, Yao BJ
- 11457** Severe digital ischemia coexists with thrombocytopenia in malignancy-associated antiphospholipid syndrome: A case report and review of literature
Chen JL, Yu X, Luo R, Liu M
- 11467** Rare spontaneous extensive annular intramural esophageal dissection with endoscopic treatment: A case report
Hu JW, Zhao Q, Hu CY, Wu J, Lv XY, Jin XH

- 11475** Mucinous cystic neoplasm of the liver: A case report

Yu TY, Zhang JS, Chen K, Yu AJ

- 11482** Retroperitoneal parasitic fetus: A case report

Xia B, Li DD, Wei HX, Zhang XX, Li RM, Chen J

- 11487** De novo mutation loci and clinical analysis in a child with sodium taurocholate cotransport polypeptide deficiency: A case report

Liu HY, Li M, Li Q

- 11495** Surgery for hepatocellular carcinoma with tumor thrombosis in inferior vena cava: A case report

Zhang ZY, Zhang EL, Zhang BX, Zhang W

LETTER TO THE EDITOR

- 11504** Advantages and issues of concern regarding approaches to peripheral nerve block for total hip arthroplasty

Crisci M, Cuomo A, Forte CA, Bimonte S, Esposito G, Tracey MC, Cascella M

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Moises Rodriguez-Gonzalez, MD, Adjunct Professor, Senior Researcher, Department of Pediatric Cardiology, Hospital Universitario Puerta del Mar, Cadiz 11009, Spain. doctormoisesrodriguez@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Ji-Hong Lin; Production Department Director: Xu Guo; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng

EDITORIAL BOARD MEMBERS

<https://www.wjnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

December 26, 2021

COPYRIGHT

© 2021 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Mature mediastinal bronchogenic cyst with left pericardial defect: A case report

Xiao Zhu, Lei Zhang, Zhen Tang, Fu-Bao Xing, Xiong Gao, Wen-Bang Chen

ORCID number: Xiao Zhu 0000-0001-8603-5383; Lei Zhang 0000-0003-4352-4376; Zhen Tang 0000-0002-6124-6755; Fu-Bao Xing 0000-0002-4891-7390; Xiong Gao 0000-0001-8038-5112; Wen-Bang Chen 0000-0003-1372-190X.

Author contributions: Zhu X and Zhang L were the patient's thoracic surgeons and reviewed the literature and contributed to manuscript drafting; Xing FB, Gao X, and Chen WB reviewed the literature; Tang Z was responsible for the revision of the manuscript for important intellectual content; all authors issued final approval for the version to be submitted.

Informed consent statement: Informed written consent was obtained from the patient for publication of this report and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest to disclose.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Country/Territory of origin: China

Specialty type: Respiratory system

Xiao Zhu, Lei Zhang, Zhen Tang, Fu-Bao Xing, Xiong Gao, Wen-Bang Chen, Department of Cardiothoracic Surgery, The First Affiliated Hospital of Bengbu Medical College, Bengbu 233004, Anhui Province, China

Corresponding author: Lei Zhang, PhD, Associate Professor, Department of Cardiothoracic Surgery, The First Affiliated Hospital of Bengbu Medical College, No. 287 Changhuai Road, Bengbu 233004, Anhui Province, China. byyfyzhanglei@bbmc.edu.cn

Abstract

BACKGROUND

Mediastinal bronchogenic cysts and pericardial defects are both rare. It is extremely rare that both occur simultaneously. To the best of our knowledge, this is the first case of a coexistent bronchogenic cyst and pericardial defect reported in China. We performed a literature review and found a relationship between bronchogenic cysts and pericardial defects, which further revealed the correlation between the bronchus and pericardium during embryonic development.

CASE SUMMARY

A 14-year-old boy attended a local hospital for ankylosing spondylitis. Chest radiography showed an enhanced circular-density shadow near the left mediastinum. The patient had no chest symptoms and the physical examination was normal. Because of the mediastinal occupation, the patient visited our department of chest surgery for further treatment. During surgery, a left pericardial defect was observed. The bronchogenic cyst was removed by thoracoscopic surgery, but the pericardial defect remained untreated, and a satisfactory outcome was achieved after the operation. The patient was diagnosed with a mediastinal tumor. The pathological diagnosis of the tumor was a bronchogenic cyst.

CONCLUSION

This case further reveals the correlation between the bronchus and pericardium during embryonic development.

Key Words: Bronchogenic cyst; Pericardial defect; Mediastinal mass; Embryonic development; Literature review; Case report

©The Author(s) 2021. Published by Baishideng Publishing Group Inc. All rights reserved.

Provenance and peer review:

Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind**Peer-review report's scientific quality classification**

Grade A (Excellent): 0
Grade B (Very good): B
Grade C (Good): 0
Grade D (Fair): 0
Grade E (Poor): 0

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Received: May 12, 2021

Peer-review started: May 12, 2021

First decision: June 15, 2021

Revised: June 26, 2021

Accepted: July 6, 2021

Article in press: July 6, 2021

Published online: December 26, 2021

P-Reviewer: Exbrayat JM

S-Editor: Yan JP

L-Editor: Wang TQ

P-Editor: Zhang YL



Core Tip: Mediastinal bronchogenic cysts coexistent with pericardial defects are extremely rare. Our case revealed the correlation between the bronchus and pericardium during embryonic development. In the early stages of embryonic development, the primitive heart and lungs share a common chamber and are closely linked to each other. A fold is produced in the space between the future pericardium and the pleural cavity, which separates the pleural cavity from the pericardial cavity. If this process is abnormal, bronchogenic cysts or pericardial defects may occur, or both congenital developmental malformations may occur simultaneously.

Citation: Zhu X, Zhang L, Tang Z, Xing FB, Gao X, Chen WB. Mature mediastinal bronchogenic cyst with left pericardial defect: A case report. *World J Clin Cases* 2021; 9(36): 11362-11368

URL: <https://www.wjgnet.com/2307-8960/full/v9/i36/11362.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v9.i36.11362>

INTRODUCTION

Mediastinal bronchogenic cysts are rare in mediastinal masses. Bronchogenic cysts are mainly detected by chest X-ray or chest computed tomography (CT) scans during physical examinations, without obvious symptoms[1-3]. We here report a rare case of a bronchogenic cyst. The cartilage tissue inside the cyst is mature and structures similar to bronchial bifurcation can be seen. Pericardial defect in such patients is rare. Congenital pericardial defects associated with bronchogenic cysts are even rarer. To our knowledge, this is the first case of a left pericardial defect with a bronchogenic cyst reported in China. The relationship between them was also analyzed through a literature review. Databases including MEDLINE/PubMed and CENTRAL (The Cochrane Central Register of Controlled Trials) were systematically searched up until February 2021 for relevant papers. Search terms included bronchogenic cyst, pericardial defect, absence of pericardium, and mediastinal mass.

CASE PRESENTATION

Chief complaints

A 14-year-old boy attended a local hospital for ankylosing spondylitis. Chest radiography showed an enhanced circular-density shadow near the left mediastinum, which intersected with the mediastinum at an obtuse angle; the base was close to the mediastinum, the outer edge clear and smooth, and the mass density even. A benign lesion was considered. Because of the mediastinal occupation, the patient visited our department of chest surgery for further treatment.

History of present illness

The patient had no previous symptoms.

History of past illness

The patient had no major illness before, and mandatory spondylitis was discovered this time because of his left hip pain.

Personal and family history

The patient had no previous symptoms.

Physical examination

The results of the physical examination were normal.

Laboratory examinations

Blood analysis and the blood biochemistries, as well as urine analysis, were all normal. Electrocardiogram and arterial blood gas were also normal.

Imaging examinations

Enhanced chest CT suggested irregular soft tissue density above the left aortic arch with a clear boundary, about 5.5 cm × 3.2 cm × 2.8 cm in size (Figure 1).

FINAL DIAGNOSIS

The patient was diagnosed with a mediastinal tumor. The pathological diagnosis of the tumor after the operation was a bronchogenic cyst.

TREATMENT

After excluding the contraindications, we performed a video-assisted thoracoscopic resection of the mediastinal mass. During surgery, no obvious adhesion in the left thoracic cavity was observed. The tumor was cystic; it was closely related to the aortic arch, about 4 cm × 4 cm × 4 cm in size. It had a complete envelope, with good activity. At the same time, the left pericardial defect was found, and the left atrium and left atrial appendage of the heart were completely exposed (Figure 2A). We used surgical instruments to lift the tumor and separate it along the lower edge of the tumor, and could see that the pedicle of the tumor was close to the main trachea. We continued to isolate the surrounding tissue of the tumor and lift the tumor outward so as to elongate the pedicle of the tumor. Finally, we used an ultrasound knife to cut the pedicle of the tumor and ligate the broken end of the pedicle. We removed the tumor, and the pedicle end turned out to be solid tissue rather than a lumen structure, and cartilage fragments could be seen from the pedicle (Figure 2B). The tumor contained a large amount of yellow, viscous fluid (Figure 2C), and there was a bronchial bifurcation-like structure inside the tumor (Figure 2D). The pericardial defect was not treated. The pathological diagnosis of the tumor was a bronchial cyst (Figure 3).

OUTCOME AND FOLLOW-UP

The patient recovered well after the operation. Echocardiography was performed 3 wk after the operation, indicating that there was no abnormality in the structure and function of the heart. There was no obvious abnormality in the chest radiography.

DISCUSSION

Bronchogenic cyst is a type of anterior intestinal cyst, which is known as congenital dysplasia[3]. With regard to the pathogenesis of bronchogenic cysts, the hypothesis of germ shedding and translocation proposed by Sumiyoshi and other scholars has been widely accepted[4]: Bronchogenic cysts are derived from the abnormal germ from the primitive foregut; because of the abnormal germ's different migration time, the location of the bronchogenic cyst formation is different. Bronchogenic cysts are classified into mediastinal, intrapulmonary, and rare ectopic types according to their locations[2,4,5].

The internal cavity of a bronchogenic cyst is irregular, and the ciliated columnar epithelium, smooth muscle, and cartilage can be seen under the microscope[6]. However, the bronchogenic cyst in our patient was dissected and showed an internal bronchial bifurcation-like structure (Figure 2D) rather than irregular sacs of varying sizes. This typical condition is caused by the further development of cartilage tissue in the bronchogenic cyst.

Mediastinal bronchogenic cysts are generally asymptomatic, and it is difficult to distinguish them from other types of mediastinal tumors on imaging grounds. Symptomatic bronchogenic cysts can be treated surgically, but it is not clear whether asymptomatic patients need surgical treatment. In most cases, thoracic surgeons recommend surgery for the following reasons: The growing bronchogenic cyst will increase the difficulty of surgery and lead to the possibility of rupture; complications such as compression symptoms and pleural effusion or infection may occur when the cyst is bleeding or infected[7,8]; on the other hand, the cysts may become malignant tumors[9]. The majority of patients with asymptomatic bronchogenic cysts are young

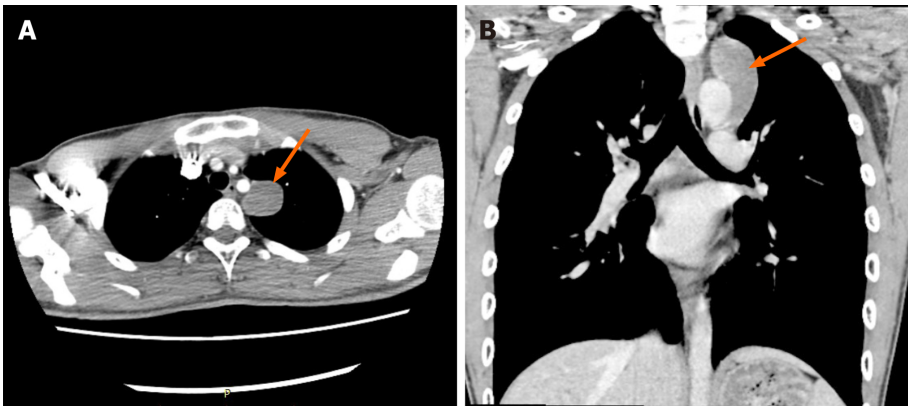


Figure 1 Chest computed tomography scan before surgery suggested a mediastinal mass above the left aortic arch. A: Cross-section of chest computed tomography (CT); B: Coronal section of chest CT. The orange arrows refer to the mediastinal mass.

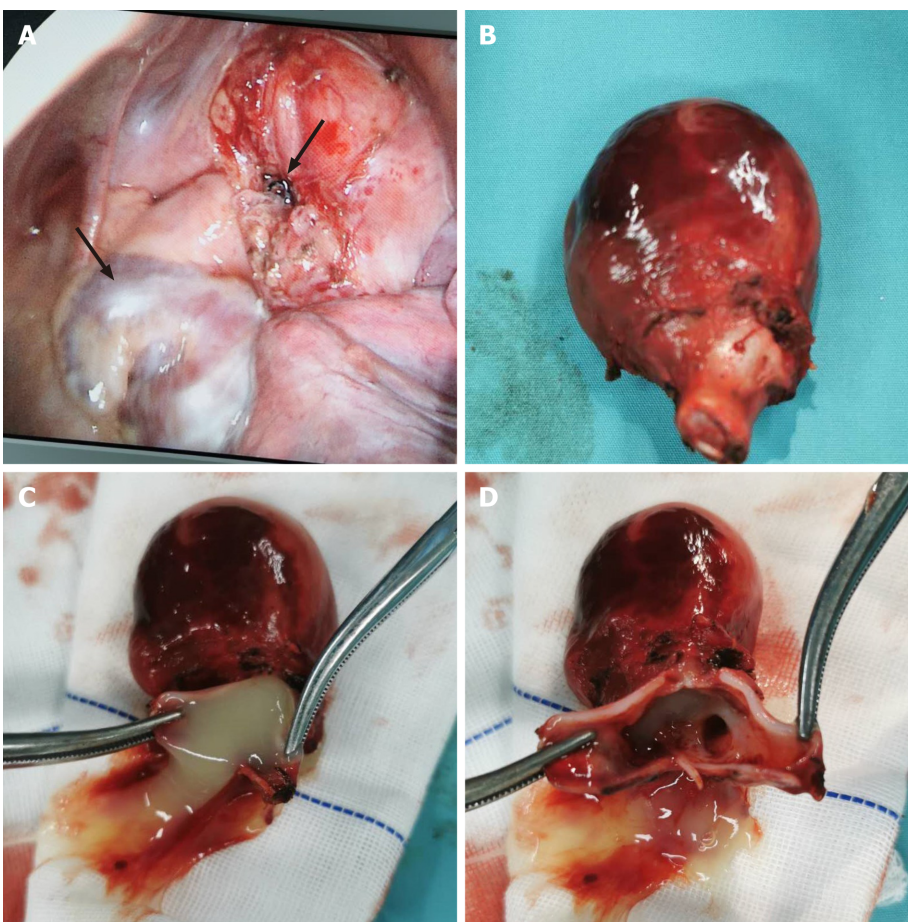


Figure 2 Cysts removed during surgery, and visual field under thoracoscopy. A: The right arrow refers to the broken end of the cyst, the left arrow refers to the left atrium and left atrial appendage, and the lower right of the field of vision is the lung tissue; B: The cyst pedicle is solid tissue, and cartilage fragments can be seen from the pedicle; C: The fluid inside the cyst; D: Bronchial bifurcation-like structure in the cysts.

and middle-aged. It can be clearly diagnosed by surgical resection and pathological examination. Thoracoscopic surgery is now the preferred procedure[2,7], which is less traumatic and has a definite effect.

Congenital pericardial defect is rare, with an incidence of about 1/10000-1/14000, usually found by chance in thoracic surgery, autopsy, and imaging studies[10-14]. Lack of part of the pericardium usually does not cause obvious symptoms. A few patients will have atypical chest pain, dyspnea, palpitations, and other manifestations [10-12,15]. There is no significant difference in the life expectancy between patients with congenital pericardial defect and the general population. But if there are critical

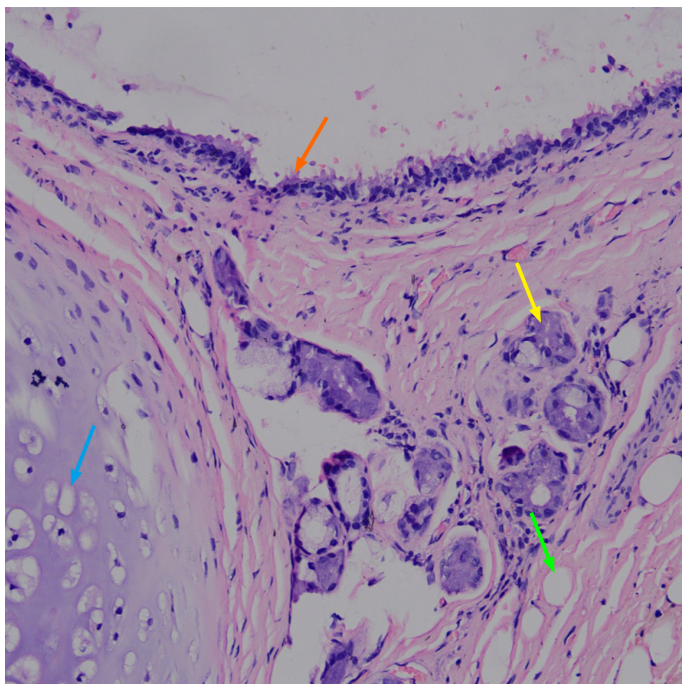


Figure 3 The pathological diagnosis of the tumor was a bronchial cyst. The orange arrow refers to the pseudociliated epithelium, the yellow arrow refers to the bronchial glands, the blue arrow refers to the cartilage tissue, and the green arrow refers to the fat tissue. Tumor tissues were fixed with 10% neutral formaldehyde, embedded in paraffin, and then stained with hematoxylin and eosin (200 ×).

complications, such as pericardial hernia and large vessel torsion[12,16], surgery is required[17].

At present, it is believed that the premature atrophy of the Cuvier tube at the eighth week of the embryo may lead to the lack of nourishment of the pleural pericardium, leading to developmental disorders[18]. Pericardial partial absence is more common in the left pericardium[19,20]. The same is true for our patient.

Congenital pericardial defect is associated with other congenital deformities of the heart and lung[12,14,16,19], which is not uncommon. These include congenital heart abnormalities such as patent ductus arteriosus, atrial septal defect, mitral stenosis, tetralogy of Fallot, and so on. In addition, there are congenital abnormalities outside the heart, such as bronchogenic cyst reported in this case, as well as pulmonary isolation, and diaphragmatic hernia. Congenital pericardial defect is also associated with abnormal pulmonary anatomy, such as the presence of pulmonary parenchyma between the pulmonary artery and aorta[21]. Imperatori *et al*[19] has reported 18 cases of bronchogenic cyst with congenital pericardial defect. A number of articles[13,22] suggest that congenital pericardial defects may be related to bronchial cysts. At the fifth week of embryonic development, the bronchial bud develops at the tail end of the larynx and grows into the pericardioperitoneal canal, which is the future pleural cavity; during this period, the primitive heart and lungs share a common chamber and are closely linked to each other[23]. In order to adapt to the growing lung buds, the pleural cavity will continue to grow and expand. A fold called pericardio-pleural membrane is produced in the space between the future pericardium and the pleural cavity, which fuse in the midline and separates the pleural cavity from the pericardial cavity[24]. If this process is abnormal, bronchogenic cysts or pericardial defects may occur, or both congenital developmental malformations may occur simultaneously.

CONCLUSION

There is a relationship between bronchogenic cysts and pericardial defects. This case further reveals the correlation between the bronchus and pericardium during embryonic development.

ACKNOWLEDGEMENTS

We thank all medical staff and technicians who participated in this study.

REFERENCES

- 1 **Kozu Y**, Suzuki K, Oh S, Matsunaga T, Tsushima Y, Takamochi K. Single institutional experience with primary mediastinal cysts: clinicopathological study of 108 resected cases. *Ann Thorac Cardiovasc Surg* 2014; **20**: 365-369 [PMID: [24200670](#) DOI: [10.5761/atcs.0a.13-00151](#)]
- 2 **Jung HS**, Kim DK, Lee GD, Sim HJ, Choi SH, Kim HR, Kim YH, Park SI. Video-assisted thoracic surgery for bronchogenic cysts: is this the surgical approach of choice? *Interact Cardiovasc Thorac Surg* 2014; **19**: 824-829 [PMID: [25038917](#) DOI: [10.1093/icvts/ivu228](#)]
- 3 **Takeda S**, Miyoshi S, Minami M, Ohta M, Masaoka A, Matsuda H. Clinical spectrum of mediastinal cysts. *Chest* 2003; **124**: 125-132 [PMID: [12853514](#) DOI: [10.1378/chest.124.1.125](#)]
- 4 **Sumiyoshi K**, Shimizu S, Enjoji M, Iwashita A, Kawakami K. Bronchogenic cyst in the abdomen. *Virchows Arch A Pathol Anat Histopathol* 1985; **408**: 93-98 [PMID: [3933174](#) DOI: [10.1007/BF00739965](#)]
- 5 **Maurin S**, Hery G, Bourliere B, Potier A, Guys JM, Lagaussie PD. Bronchogenic cyst: Clinical course from antenatal diagnosis to postnatal thoracoscopic resection. *J Minim Access Surg* 2013; **9**: 25-28 [PMID: [23626416](#) DOI: [10.4103/0972-9941.107132](#)]
- 6 **Biyyam DR**, Chapman T, Ferguson MR, Deutsch G, Dighe MK. Congenital lung abnormalities: embryologic features, prenatal diagnosis, and postnatal radiologic-pathologic correlation. *Radiographics* 2010; **30**: 1721-1738 [PMID: [21071385](#) DOI: [10.1148/rg.306105508](#)]
- 7 **Guo C**, Mei J, Liu C, Deng S, Pu Q, Lin F, Liu L. Video-assisted thoracic surgery compared with posterolateral thoracotomy for mediastinal bronchogenic cysts in adult patients. *J Thorac Dis* 2016; **8**: 2504-2511 [PMID: [27747002](#) DOI: [10.21037/jtd.2016.08.29](#)]
- 8 **Ueda K**, Yanagawa M, Ueguchi T, Satoh Y, Kawai M, Gyobu T, Sumikawa H, Honda O, Tomiyama N. Paradoxical signal pattern of mediastinal cysts on T2-weighted MR imaging: phantom and clinical study. *Eur J Radiol* 2014; **83**: 1016-1021 [PMID: [24721003](#) DOI: [10.1016/j.ejrad.2014.03.004](#)]
- 9 **Taira N**, Kawasaki H, Atsumi E, Ichi T, Kawabata T, Saio M, Yoshimi N. Mucoepidermoid Carcinoma of Arising from a Bronchogenic Cyst of the Diaphragm. *Ann Thorac Cardiovasc Surg* 2018; **24**: 247-250 [PMID: [29367500](#) DOI: [10.5761/atcs.cr.17-00131](#)]
- 10 **Macaione F**, Barison A, Pescetelli I, Pali F, Pizzino F, Terrizzi A, Di Lisi D, Novo G, Todiere G, Assennato P, Novo S, Aquaro GD. Quantitative criteria for the diagnosis of the congenital absence of pericardium by cardiac magnetic resonance. *Eur J Radiol* 2016; **85**: 616-624 [PMID: [26860675](#) DOI: [10.1016/j.ejrad.2015.12.021](#)]
- 11 **Steinberg C**, Pelletier MJ, Perron J, Kumar A, Champagne J. Sudden cardiac arrest due to subtotal absence of left-sided pericardium--case report and review of the literature. *Congenit Heart Dis* 2013; **8**: E92-E98 [PMID: [22698265](#) DOI: [10.1111/j.1747-0803.2012.00686.x](#)]
- 12 **Shah AB**, Kronzon I. Congenital defects of the pericardium: a review. *Eur Heart J Cardiovasc Imaging* 2015; **16**: 821-827 [PMID: [26003149](#) DOI: [10.1093/ehjci/jev119](#)]
- 13 **Hiraoka K**, Yamazaki S, Hosokawa M, Suzuki Y. Bronchogenic cyst associated with congenital absence of the pericardium. *J Surg Case Rep* 2015; **2015** [PMID: [25907540](#) DOI: [10.1093/jscr/rjv052](#)]
- 14 **Van Son JA**, Danielson GK, Schaff HV, Mullany CJ, Julsrud PR, Breen JF. Congenital partial and complete absence of the pericardium. *Mayo Clin Proc* 1993; **68**: 743-747 [PMID: [8331975](#) DOI: [10.1016/s0025-6196\(12\)60630-2](#)]
- 15 **Palau P**, Domínguez E, García-González P, Gallego J, Bosch MJ, Sieso E. Isolated Partial Congenital Absence of the Pericardium: A Familial Presentation. *Can J Cardiol* 2016; **32**: 1039.e1-1039.e2 [PMID: [26774230](#) DOI: [10.1016/j.cjca.2015.09.001](#)]
- 16 **Verde F**, Johnson PT, Jha S, Fishman EK, Zimmerman SL. Congenital absence of the pericardium and its mimics. *J Cardiovasc Comput Tomogr* 2013; **7**: 11-17 [PMID: [23452995](#) DOI: [10.1016/j.jcct.2013.01.003](#)]
- 17 **BRUNING EG**. Congenital defect of the pericardium. *J Clin Pathol* 1962; **15**: 133-135 [PMID: [13874023](#) DOI: [10.1136/jcp.15.2.133](#)]
- 18 **Tubbs OS**, Yacoub MH. Congenital pericardial defects. *Thorax* 1968; **23**: 598-607 [PMID: [5711768](#) DOI: [10.1136/thx.23.6.598](#)]
- 19 **Imperatori A**, Rotolo N, Nardecchia E, Mariscalco G, Spagnoletti M, Dominioni L. Bronchogenic cyst associated with pericardial defect: case report and review of the literature. *J Cardiothorac Surg* 2011; **6**: 85 [PMID: [21689428](#) DOI: [10.1186/1749-8090-6-85](#)]
- 20 **Rajiah P**, Kanne JP. Computed tomography of the pericardium and pericardial disease. *J Cardiovasc Comput Tomogr* 2010; **4**: 3-18 [PMID: [20159622](#) DOI: [10.1016/j.jcct.2010.01.004](#)]
- 21 **Sergio P**, Bertella E, Muri M, Zangrandi I, Ceruti P, Fumagalli F, Bosio G. Congenital absence of pericardium: two cases and a comprehensive review of the literature. *BJR Case Rep* 2019; **5**: 20180117 [PMID: [31555471](#) DOI: [10.1259/bjrcr.20180117](#)]
- 22 **Kamata T**, Yoshida S, Iwata T, Nakatani Y, Yoshino I. Giant bronchogenic cyst with pericardial defect: a case report & literature review in Japan. *J Thorac Dis* 2016; **8**: E684-E688 [PMID: [27747002](#) DOI: [10.21037/jtd.2016.08.29](#)]

27621900 DOI: [10.21037/jtd.2016.06.65](https://doi.org/10.21037/jtd.2016.06.65)]

- 23 **Moore KL**, Persaud TV. The Developing Human: clinically oriented embryology. 10th ed. Philadelphia: Elsevier, 2016: 200-201
- 24 **Eom DW**, Kang GH, Kim JW, Ryu DS. Unusual bronchopulmonary foregut malformation associated with pericardial defect: bronchogenic cyst communicating with tubular esophageal duplication. *J Korean Med Sci* 2007; **22**: 564-567 [PMID: [17596673](https://pubmed.ncbi.nlm.nih.gov/17596673/) DOI: [10.3346/jkms.2007.22.3.564](https://doi.org/10.3346/jkms.2007.22.3.564)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

