A 42-year-old man was admitted to our institution with chest pain. He had been experiencing the chest pain, which had increased in recent weeks, for five months. The pain was dull and aggravated by leaning over his right side. He did not have dyspnea, cough, or any other associated complaint. His physical examination was normal except dullness on percussion and diminished breathing sounds over his right mid hemithorax. The patient’s chest X-ray revealed a round, dense paracardiac mass on the right hemithorax (Fig. A). Thorax tomography showed a large pericardial cystic mass with a septum which was shifting the heart to the left hemithorax (Fig. B). The echocardiogram revealed a 15x10 cm bilocular cystic mass beside the right atrium and ventricle which was compressing the right atrium during systole (Fig. C and D). The cyst contained a division, and the dimension was huge, thus, we suspected a hydatid cyst and referred the patient to surgery. During the surgery, two separate cysts derived from the pericardium were found; the biggest cyst measured 10x9x7 cm in vitro. The two cysts were excised successfully. Histopathologic evaluation confirmed that they were mesothelial (coelemic) cysts of the pericardium. The patient was discharged without any complications.

Figures– (A) Paracardiac mass observed on chest X-ray. (B) Thorax tomography revealed a large pericardial cystic mass. (C, D) Transthoracic echocardiography (apical and subcostal view) showing a bilocular cystic mass beside the right atrium and ventricle. Cy1: Cyst 1; Cy2: Cyst 2; LA: Left atrium; LV: Left ventricle; RA: Right atrium; RV: Right ventricle.