

### Endosonographic Diagnosis of a Paraesophageal Cystic Teratoma

A 23-year-old female nurse reported the sudden appearance, without any previous warning, of discrete, acute, and discontinuous pain in the epigastrium and right hypochondrium, radiating to the back and to the right shoulder. Breathing and swallowing increased the pain. There was no fever or weight loss. The patient's history only showed an appendicectomy ten years previously.

Blood tests, chest radiography, esophagogastrosocopy, and ultrasonography of the heart and upper abdomen were negative. There were almost no objective findings, apart from a slight enlargement of the right hemithorax, with pain during deep breathing. A CT scan revealed a homogeneous mass, 5 cm in diameter, surrounded by parietal and visceral pleura, between the heart and spine in the right mediastinum. Magnetic resonance imaging (Figure 1) confirmed the presence of the structure, with clear boundaries and homogeneous contents attributable to a hematic mass. Endoscopic ultrasonography (Figure 2) demonstrated a hypoechoic, round, nonpulsatile structure situated between the spine, esophagus, and inferior vena cava, well-delimited, with nonhomogeneous contents but with a benign appearance. The endosonographic diagnosis was a suspected congenital dermoid cyst. The results after surgical resection for this condition are excellent (1), and surgical excision of the mass was carried out by thoracoscopy, without any complications. At histology, the mass proved to be a benign cystic teratoma.

Endoscopic ultrasonography was able to provide information concerning the relationship between the mass and the adjacent organs, its site and nonmalignancy, its absence of pulsatility, and also a better definition of its contents.

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#### References

1. Verhaeghe W, Meysman M, Noppen H, et al. Benign cystic teratoma: an uncommon cause of anterior mediastinal mass. *Acta Clin Belg* 1995; 50: 126–9.
2. Murayama S, Murakami J, Watanabe H, et al. Signal intensity characteristics of mediastinal cystic masses on T1-weighted MRI. *J Comput Assist Tomogr* 1995; 19: 188–91.

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Figure 1: Paraesophageal cystic teratoma (arrow), demonstrated by magnetic resonance imaging.

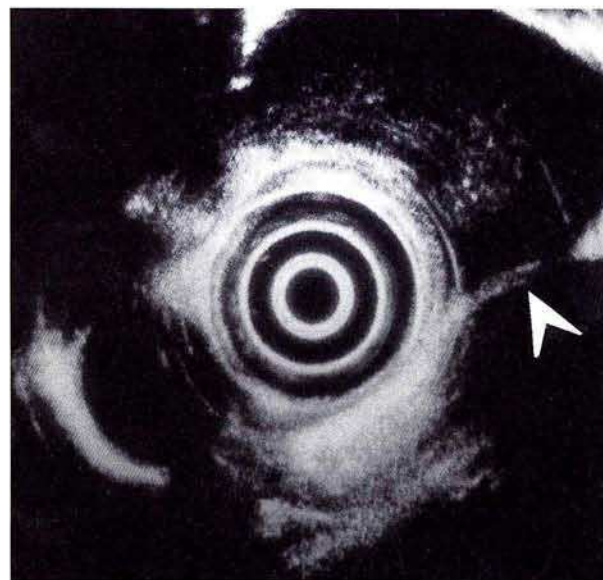


Figure 2: Endoscopic ultrasound image of the lesion.