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Calcified Cyst in the Lung

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Figure 1: X-Ray Chest PA view of an elderly male patient, presenting with Grade-1 exertional dyspnea for the last 6 months. A large oval lesion measuring 12 x 9 cm is seen occupying the left upper and midzone. The lesion is showing rim of calcification. There is no trachea-mediastinal shift.

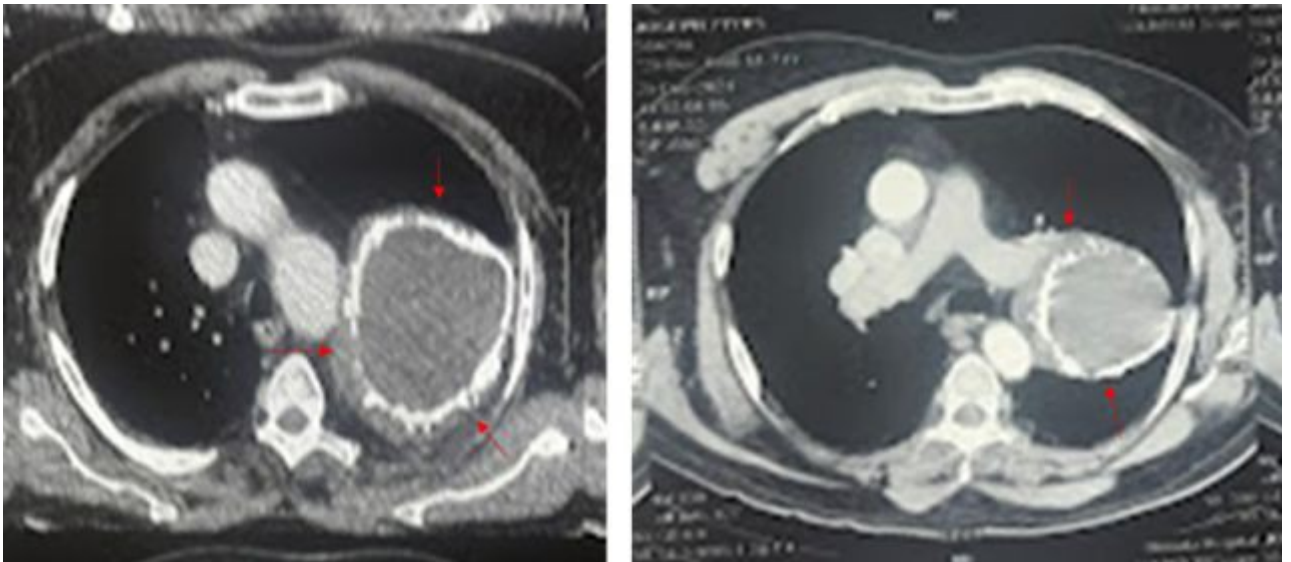


Figure 2: CT Thorax mediastinal windows showing a large cystic mass occupying the left upper lobe with rim of calcification (Ring calcification). The cyst is in close proximity to the descending aorta and left pulmonary artery with the visible fat plane.

Differential Diagnosis of Calcified Cysts

1. Cystic teratoma
2. Hydatid cyst
3. Bronchogenic cyst
4. Pleuropericardial cyst
5. Primary sarcoma of Lung
6. Aortic aneurysm
7. Benign pleural fibroma

Discussion

Congenital mediastinal cysts are uncommon benign lesions generally caused by an abnormal embryological development of the foregut or coelomic cavity. They are expansive lesions and asymptomatic, that may manifest as a result from compression of adjacent structures. Bronchogenic, pericardial, enteric, thymic, esophageal duplication cysts and lymphangiomas are the main entities in this group of lesions.

Pulmonary hydatid cyst of the lungs, usually presents as a large well-demarcated, spherical, homogeneous single mass or multiple masses [1]. The cysts may range between 1 cm and 20 cm in diameter. Radiographically, the closed or simple cyst (intact cyst) may simulate carcinoma of the lung, primary sarcoma of the lung, solitary metastasis, hematoma, arteriovenous aneurysm, benign tumors, inflammatory masses, solid or fluid-filled cysts and mesothelioma [1]. When the cystic opacity is localized in the juxta mediastinal area, it may look like an aneurysm of the aorta or mediastinal tumor. A cyst attached to the thoracic wall may resemble a tumor, a cold abscess, or a loculated pleural effusion. Calcifications of cysts in the liver and abdomen, and even in the rest of the body, are not uncommon but in the lung parenchyma, they are extremely rare [1,2].

References

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2. Beggs I. The radiology of hydatid disease. *American Journal of Roentgenology*. 1985; 145(3):639-648.