A 32 years old male had thoracotomy two years earlier due to an intra-thoracic pathology. Before that operation the lesion was thought to be lymphoma based on the enlarged mediastinal lymph nodes and fever. A bone marrow biopsy was negative. Progression was detected in the clinical status and pneumonia with a large pleural effusion and sepsis developed. Thoracocentesis yielded 200 ml turbid fluid which was sent to cytological and microbiological examinations, all of which were negative. The condition of the patient with antibiotic therapy failed to improve, therefore an urgent thoracotomy was done. Fragments of a partly necrotic cystic mass from the right thorax were removed and decortication performed. The postoperative period was uneventful. The patient was discharged on the 6th postoperative day. However, he failed to return for follow up. Two years later he was hospitalized again because of hemoptysis and chest pain. A cystic mass was detected between the right hilum ascending aorta, connected to the pericardium, the superior vena cava and the aorta. (Chest CT, Fig. 1.)

Angiography showed no coronary involvement and blood supply to the mass from the right internal mammary artery (RIMA). (Fig. 2) At the median sternotomy the entire lesion with the involved portion of the pericardium was removed. HE-stained section of the specimen showed mature pancreatic tissue in the wall of the cyst. (Fig. 3 A) Immunohistochemistry highlighted the cytokeratin-positive ducts (Fig. 3 B) and chromogranin-positive Langerhans islets. (Fig. 3 C)

The patient was discharged without any complications.

Ectopic pancreas tissue may appear in this region, therefore it should be included in the differential diagnosis of the mediastinal cyst.

Comment:

Ectopic pancreatic tissue is a common anomaly, reported in about 2% of
autopsies. (1,2) This tissue has been found most commonly in the stomach, duodenum, jejunum or ileum. (3,4) Mediastinal cyst formed by pancreatic tissue is extremely rare. (5) We found only six cases in the literature. (6) We report ours because it was recurrent - the tissue diagnosis missed at the first resection - and was attached to the pericardium. Since the total extiraption of the cyst two years ago, the patient remained asymptomatic.