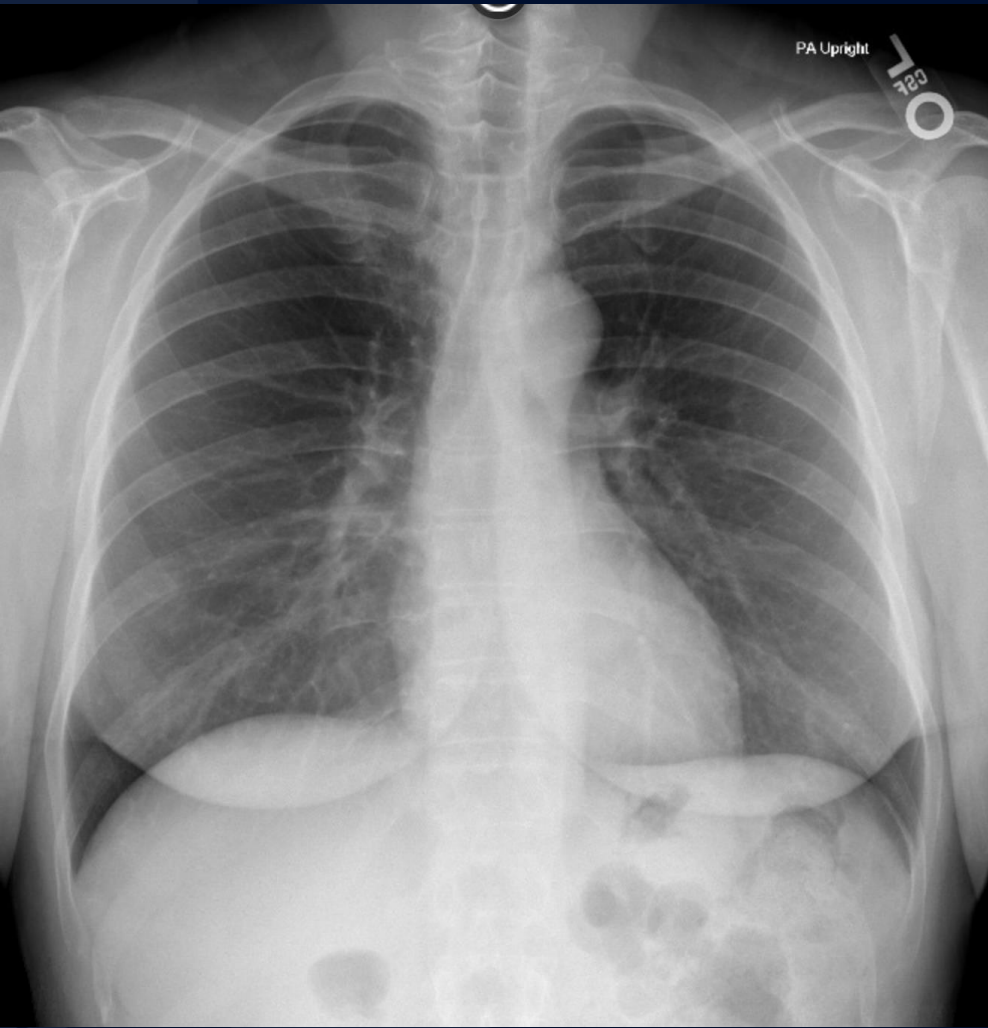
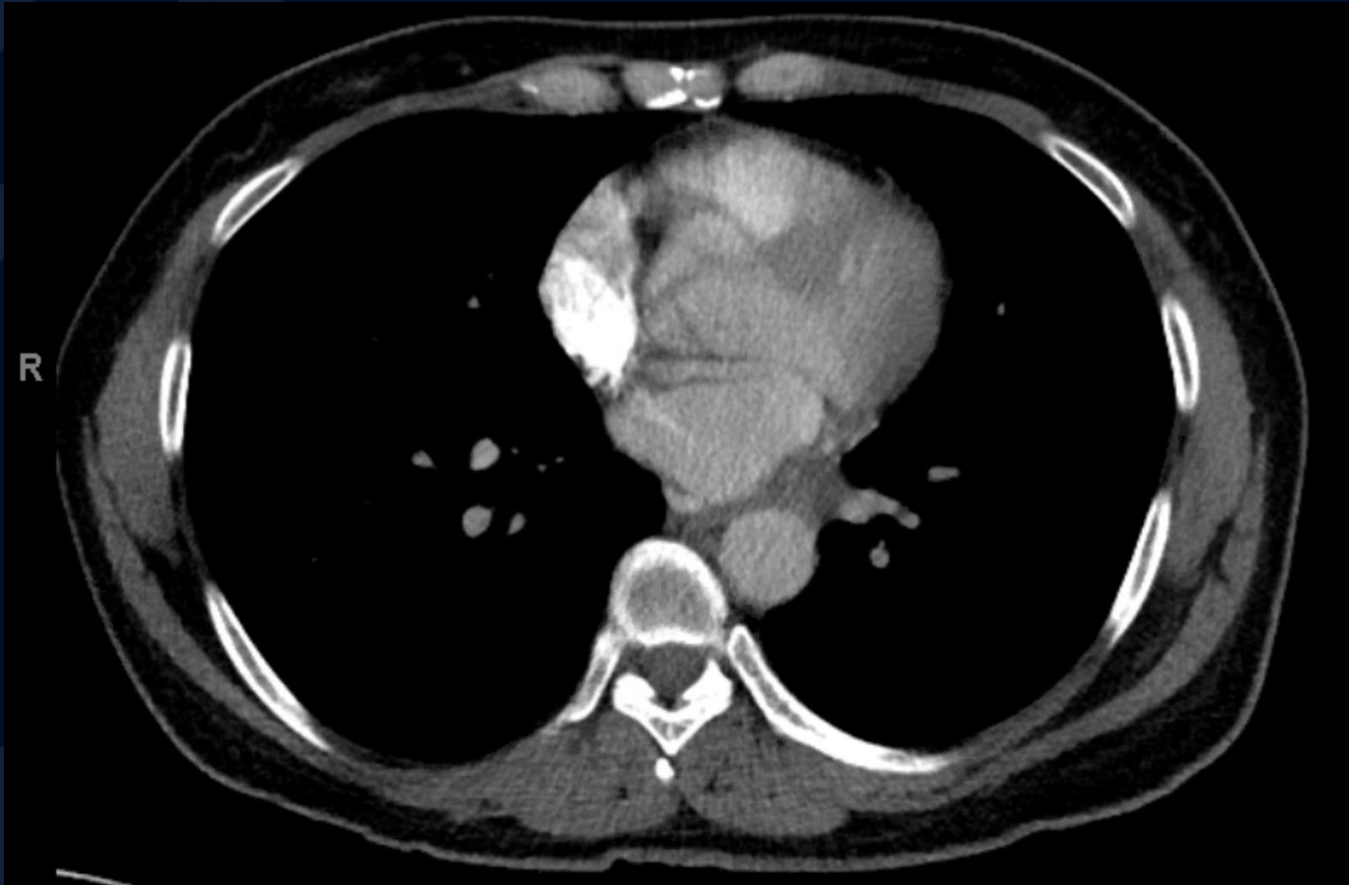


51-year-old female presents with  
shortness of breath and  
decreased R sided breath  
sounds

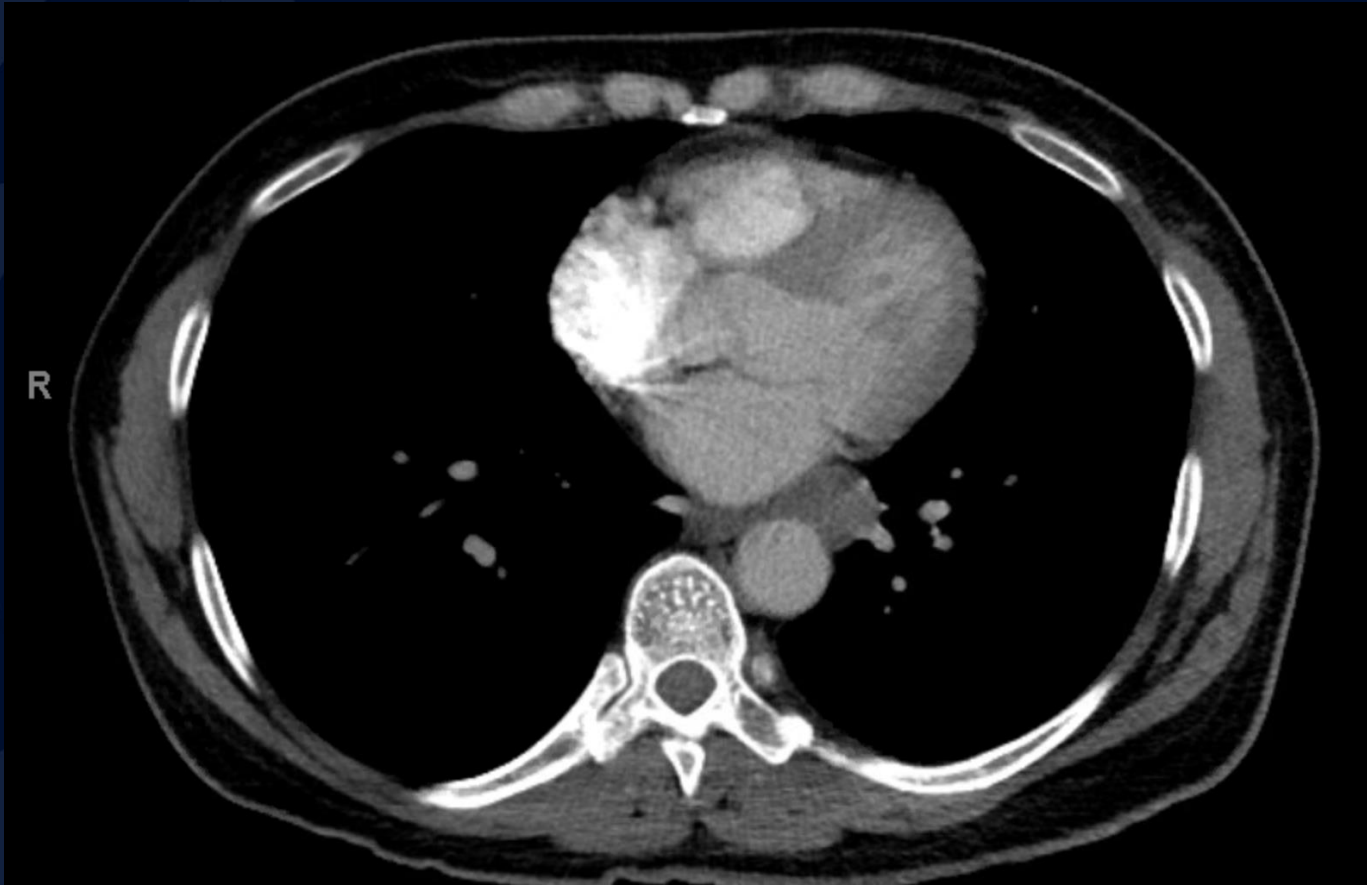
John J. DeBevits IV, MD





**UConn**  
**HEALTH**

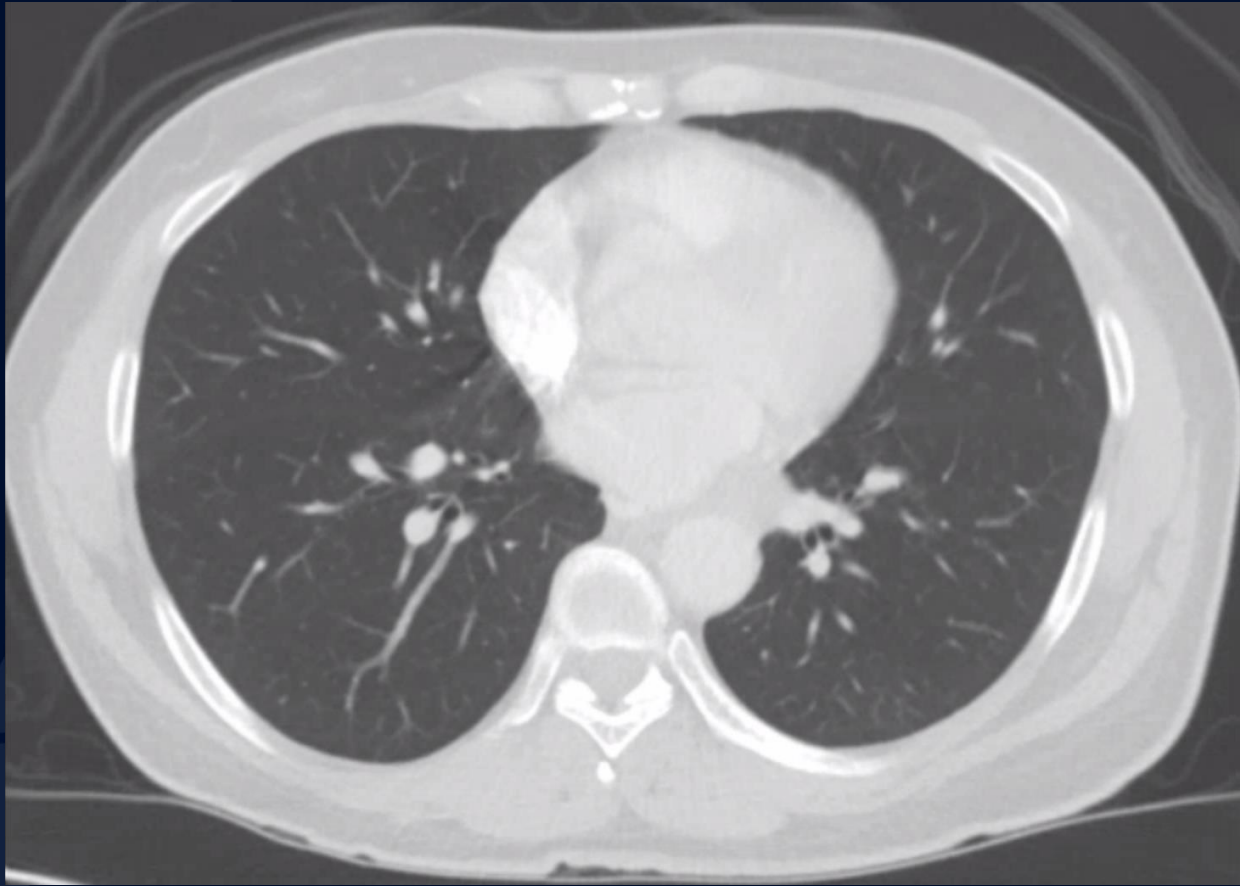
RADIOLOGY







R



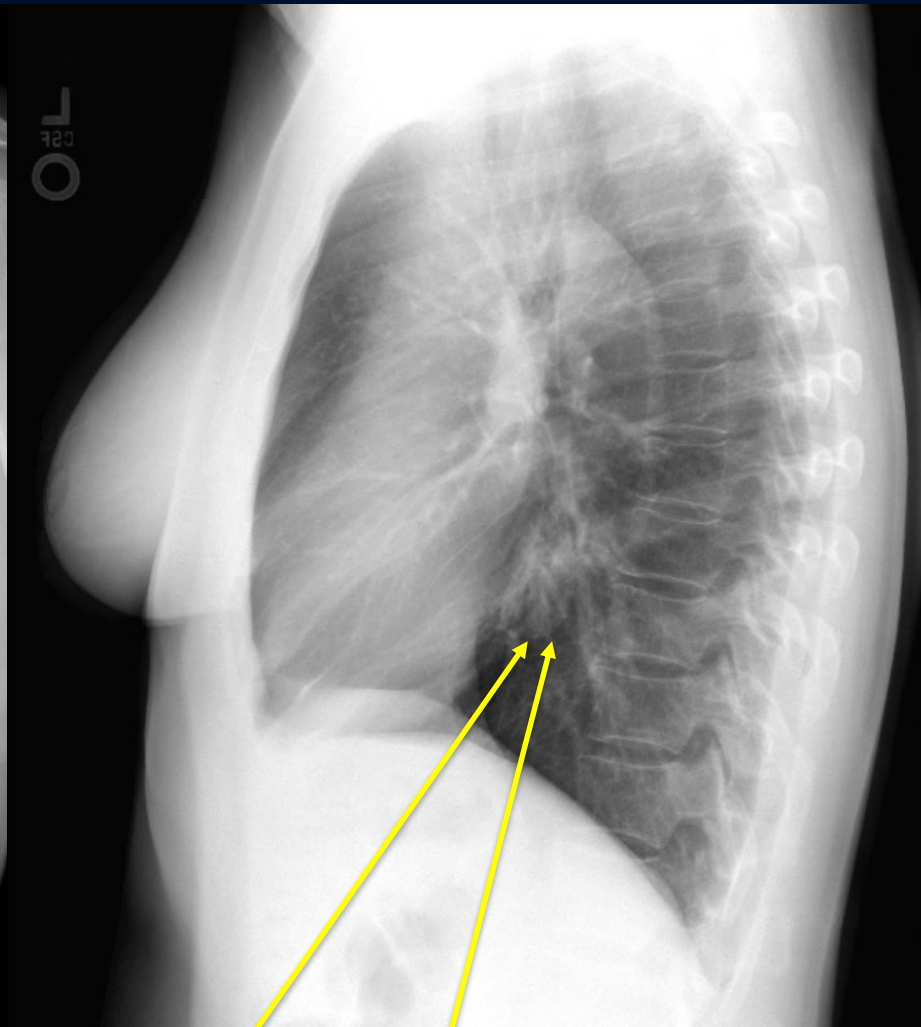
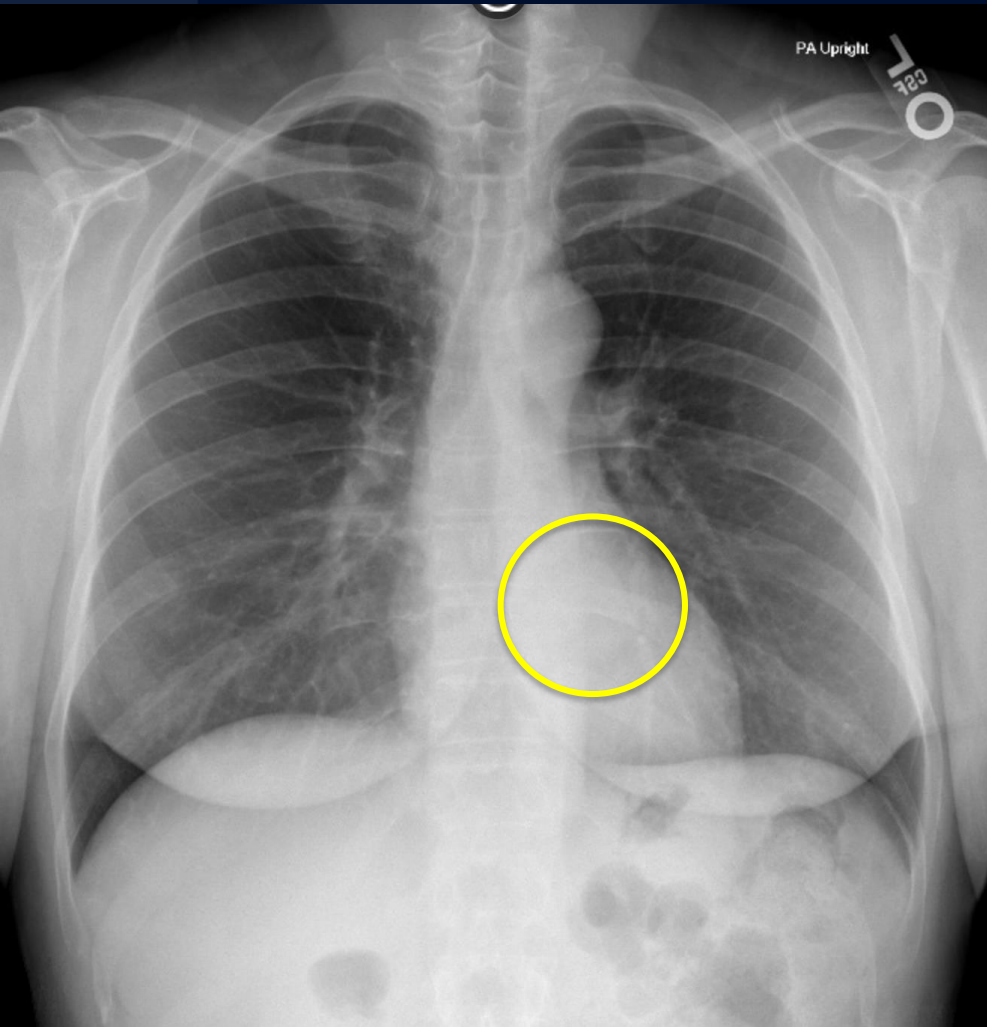




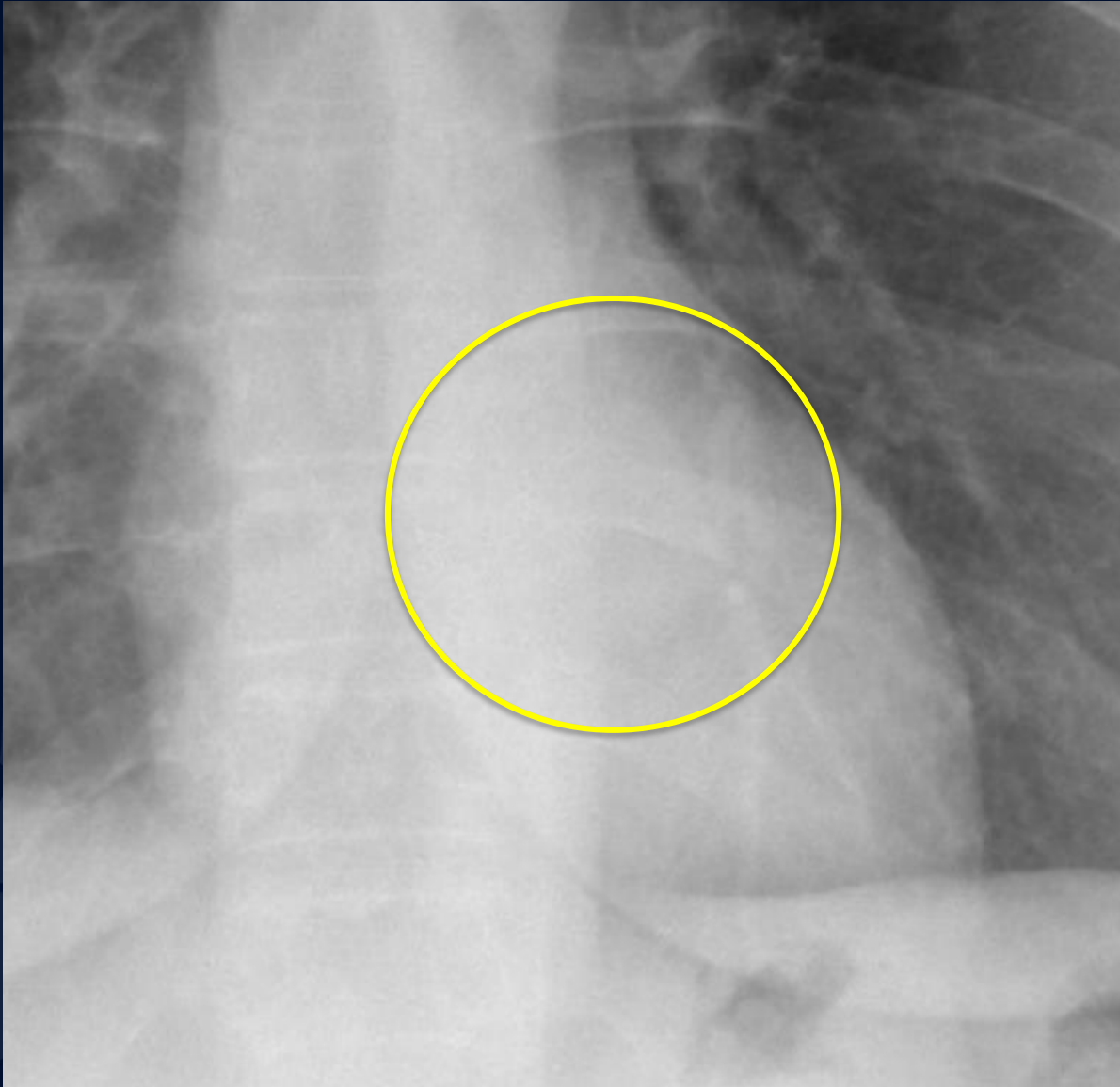
?



# Esophageal duplication cyst

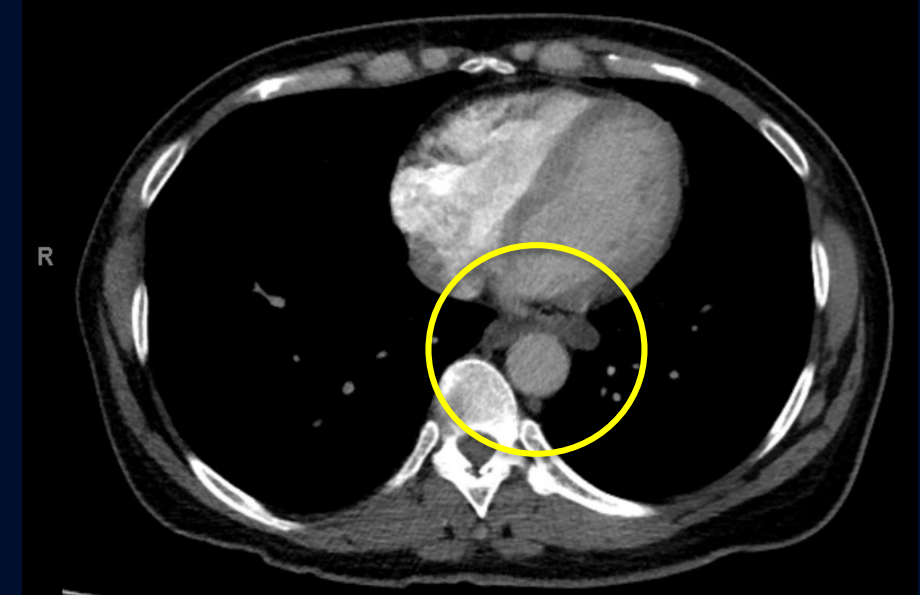
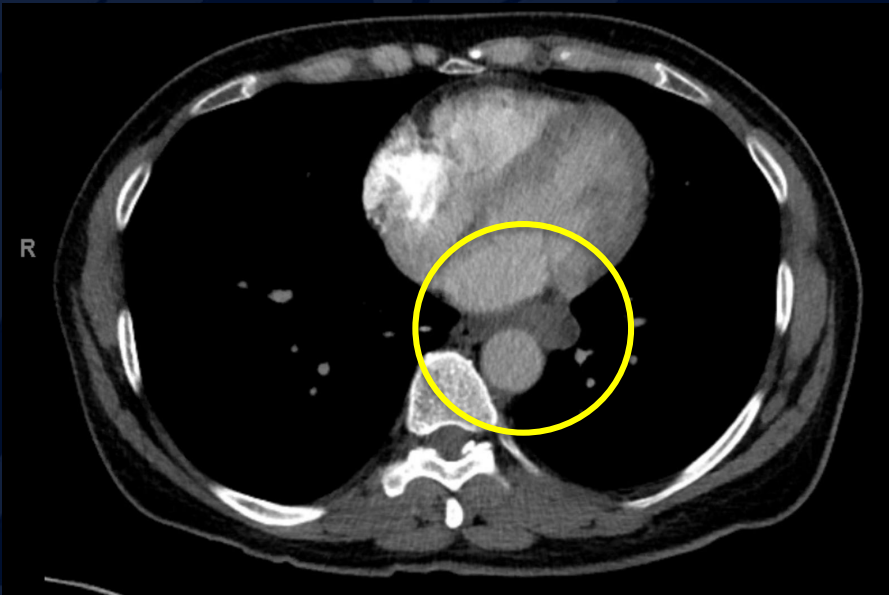
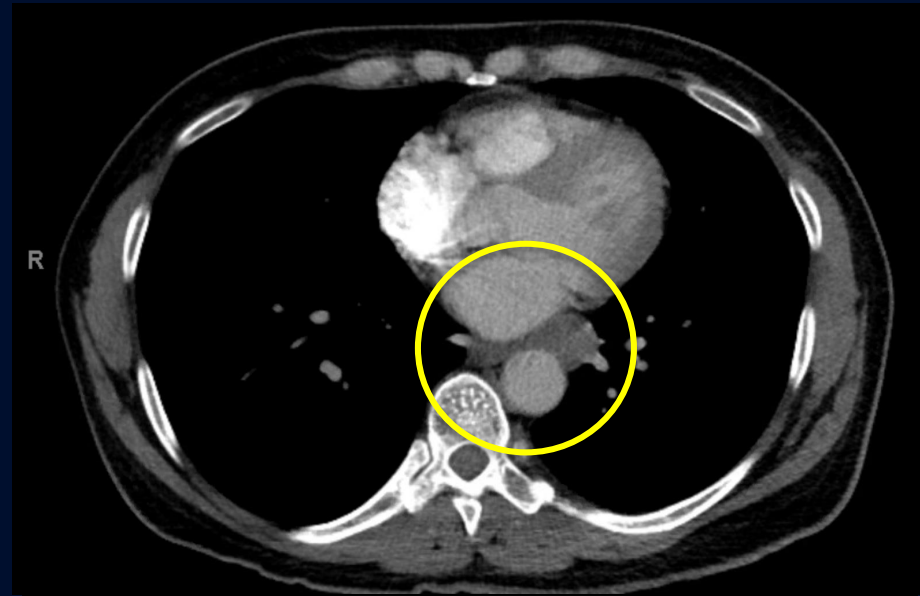
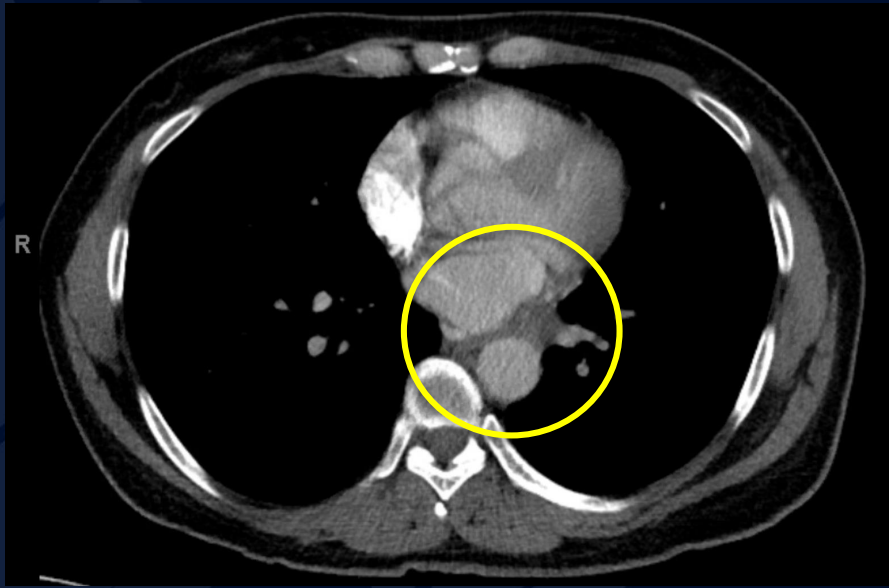


On PA radiograph, there is obscuration of the descending aortic silhouette by a round opacity. Yellow arrows show opacity in the middle mediastinum

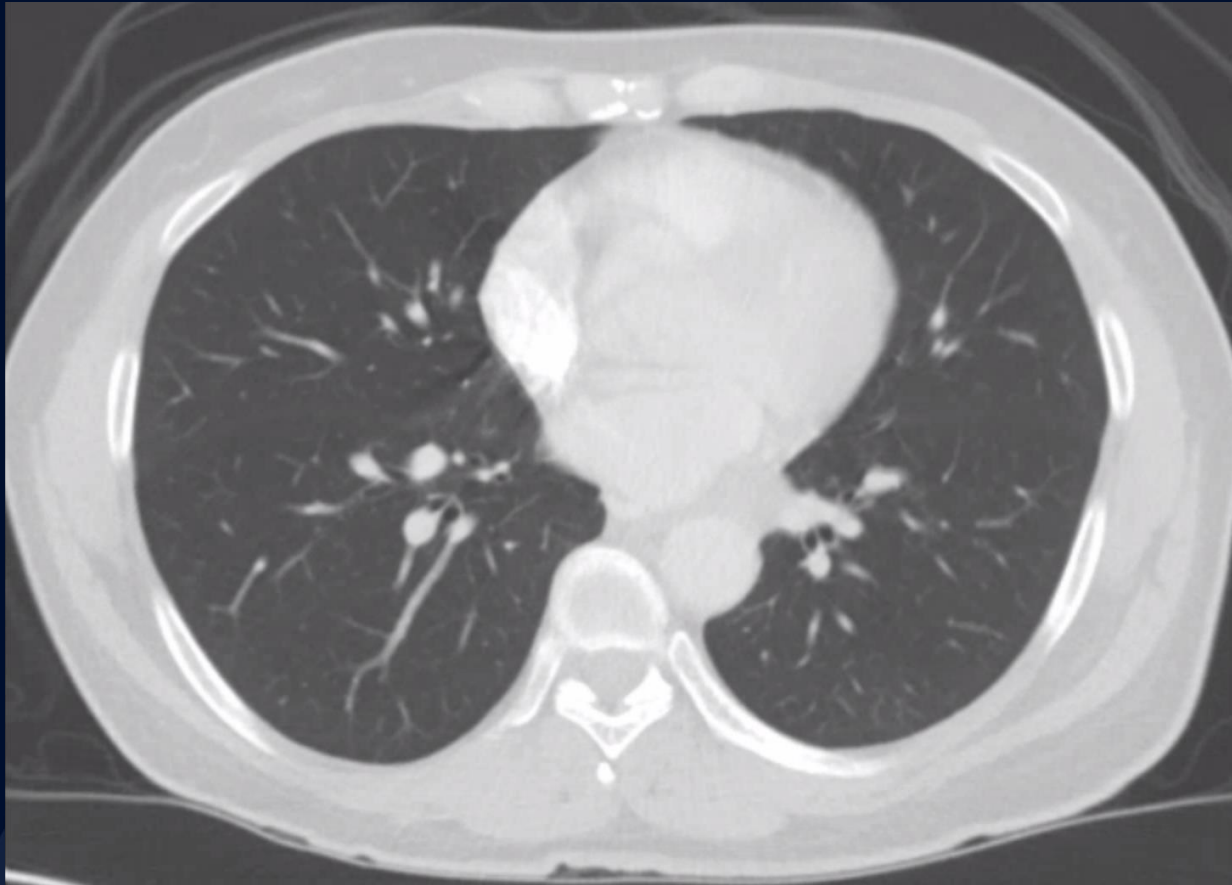


**UCONN**  
**HEALTH**

RADIOLOGY



CECT images demonstrate a cystic structure in the left paraesophageal region of the middle mediastinum, which is in contact with the esophagus.



Lung windows from the same examination show that the lesion does not communicate with the segmental bronchi



# Esophageal duplication cyst

- Anomalous budding of distal foregut during development results in discrete unilocular cyst with variable fluid content
- Typical location is in the inferior middle-posterior mediastinum
- 75% present in childhood with symptoms; in adulthood typically discovered incidentally
- Presents with ssx of mass effect: dysphagia, chest pain
- Treatment if symptomatic: surgical excision
- Prognosis is excellent

# Esophageal duplication cyst

- Main ddx: bronchogenic cyst, which is identical in appearance
  - However, typical location for bronchogenic cyst is subcarinal or right paratracheal
- DDx also includes esophageal diverticulum, benign and malignant esophageal neoplasms, and neurenteric cyst
- Confirmatory testing may be performed with barium esophagram or MRI



# References

- Bronchogenic cysts and esophageal duplications: Common origins and treatment. Nobuhara, Kerilyn K et al. Journal of Pediatric Surgery , Volume 32 , Issue 10 , 1408 - 1413