**A PATIENT WITH A LARGE PERICARDIAL MASS**

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**Objective:** The large pericardial cyst may compress the heart chambers and consequently cause hemodynamic instability and life-threatening conditions in patients. A 52-year-old patient diagnosed with pulmonary adenocarcinoma presented in our hospital with symptoms of progressive dyspnea.

**Method:** An electrocardiogram revealed low QRS voltage with incomplete right bundle branch block (Panel A). Echocardiography revealed a large, well-delineated, dense formation compressing the right atrium and tricuspid valve (Panel B). CMR revealed a large, well-defined liquid formation located in the right pericardiophrenic angle measuring 11 cm × 8 cm × 13 cm with mass effect on the right atrium and tricuspid valve.

**Results:** The slightly heterogenous, but mainly high signal intensity on T1 (Panel C) and lower on T2 -weighted images (Panel D) together with no contrast agent uptake on late gadolinium enhancement (LGE) images (Panel E) suggested a hemorrhagic and high-protein-content pericardial cyst, and the lack of internal architecture excluded a solid mass. After the evacuation of nearly 750 mL of hemorrhagic fluid, the patient showed a regression of symptoms with no recurrence of the pericardial cyst on follow-up echocardiography (Panel F).

**Conclusion:** Tissue characterization by CMRI was crucial in differentiating the hemorrhagic and high-protein-content pericardial cyst from a solid mass. Percutaneous pericardial cyst aspiration and drainage is the method of choice for high surgical risk patients.

