# A Watery Mediastinal Mass

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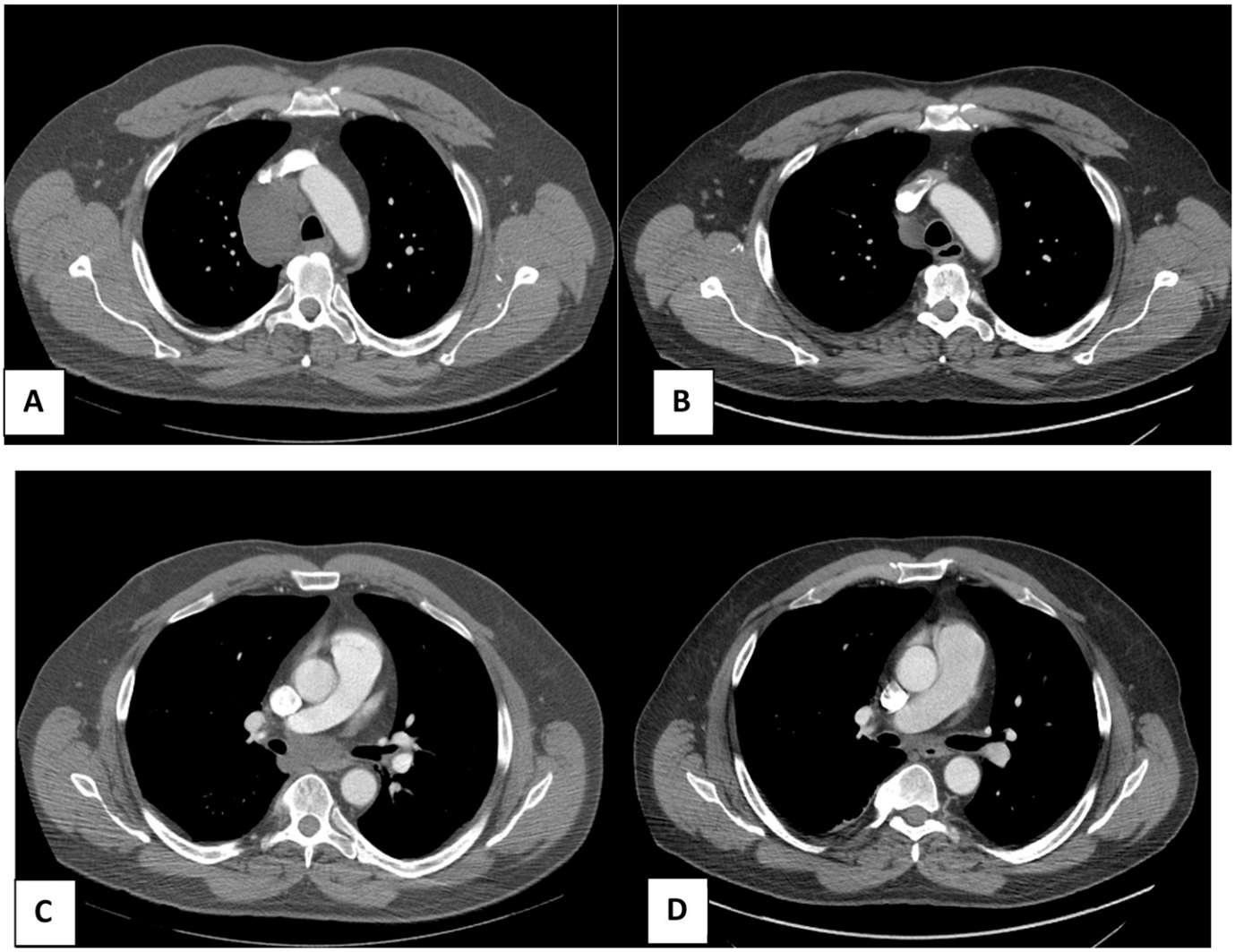


***Figure 1.*** (*A* and *B*) Chest computer tomography (CT) showing bronchogenic cyst in the right paratracheal area, (*A*) before aspiration and (*B*) after aspiration. (*C* and *D*) CT sections in the subcarinal area (*C*) before aspiration and (*D*) after aspiration.

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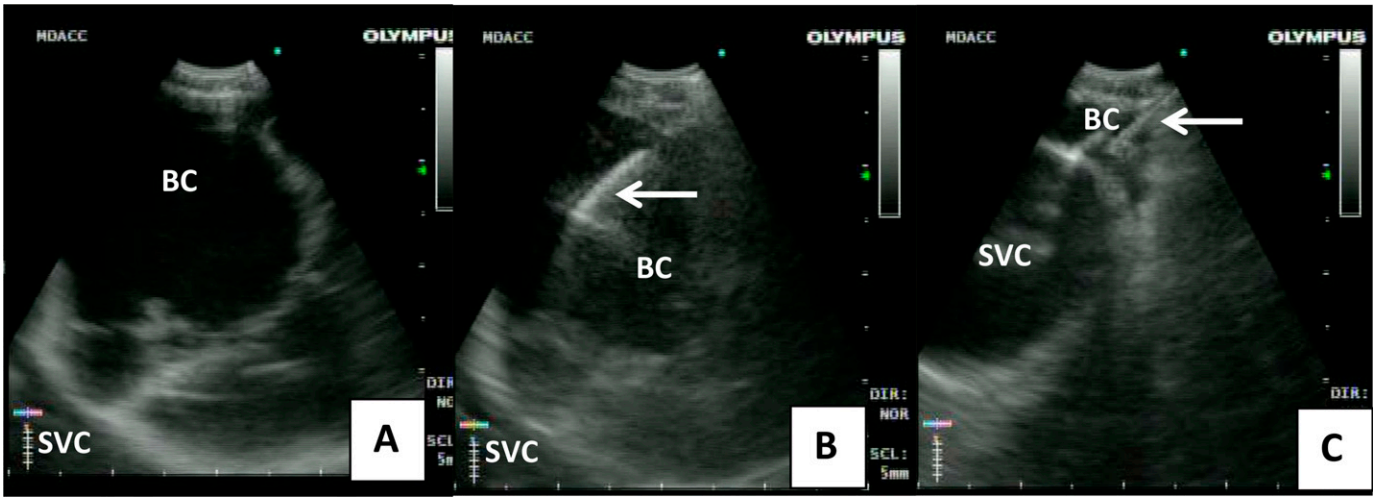


*Figure 2.* EBUS images of the bronchogenic cyst in the right paratracheal area (*A*) before aspiration, (*B*) during aspiration showing gradual decrease of the cyst size, and (*C*) after aspiration. *Arrow*s indicate the needle. BC = bronchogenic cyst; SVC = superior vena cava.

A 49-year-old man was referred for biopsy of a mediastinal mass. Chest computer tomography (CT) showed soft tissue attenuation and a 5-cm right paratracheal mass extending into the subcarinal area (Figure 1). During the endobronchial ultrasound (EBUS), two adjacent anechoic masses were found in the right paratracheal and subcarinal regions. After aspiration of 150 ml of yellow fluid, the cystic masses gradually decreased (Figure 2). Post-procedure CT showed near complete resolution of the cystic masses (Figure 1). A diagnosis of bronchogenic cyst was made. Typically, CT of the chest shows a rounded, well-demarcated mass with water attenuation. Infected cysts or hemorrhagic cysts can have a more soft tissue appearance, thereby increasing the diagnostic uncertainty as in our patient. EBUS-guided real-time drainage of bronchogenic cysts can be both diagnostic and therapeutic (1). The drainage of mediastinal cyst by EBUS is controversial, and most authors recommend surgical resection (2, 3, 4). Bronchoscopic aspiration has been used for acute cyst decompression and for nonsurgical candidates, but there is a risk of introducing infection into the cysts and mediastinum (5).

**Author disclosures** are available with the text of this article at www.atsjournals.org.

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