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Title	Benign Mediastinal Cysts. Study of 49 Cases
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Aim	Benign mediastinal cysts account for 18 to 20% of the mediastinal tumors. They have different embryologic origins. Most of the time, they are reported in patients in the fourth or fifth decades but they are observed in any age. They are divided in congenital cysts (bronchogenic, oesophageal, thymic, coelomic cysts), acquired cysts (cysts of the thoracic duct) and cysts of non-consensual origin (cystic lymphangioma).
Materials & Methods	We report a retrospective study of 49 benign mediastinal cysts diagnosed over a 10-year-period (2002-2011). In this review, hydatid cysts and mature cystic teratoma were excluded.
Result	The 49 cases were divided in 14 bronchogenic cysts (28.57%), 16 pleuro-pericardiac cysts (32.65%), 10 thymic cysts (20.4%), 6 lymphangioma (12.28%), 2 oesophageal cysts (4.08%) and 1 cyst of the thoracic duct (2.04%). There were 27 females and 22 males (sex-ratio=0.81), with a mean age of 39.31 years (range: 14 months-83years). 39 patients were symptomatic. The most frequent symptom consisted in chest pain (53.84%). The most frequent tumors were located in the anterior mediastinum. Surgery was indicated in all patients for both diagnostic and therapeutic purposes. Complete resection of the cyst was possible in 44 cases (89.79%), whereas in five other cases (10.2%), part of the cyst was left in place due to tight adhesions to vital structures. Recurrence cyst has been observed in one case of lymphangioma, 14 months after partial resection.
Conclusion	Benign mediastinal cysts are rare tumors. Their treatment is based on surgical resection. Thoracic CT-scan allows usually to make a pre-operative diagnosis but the final diagnosis remains based on histologic study.