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INNER SPACES
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Approach to Right Medial Cardiophrenic Angle Masses

The right medial cardiophrenic angle is a specific location for a small number of lesions that can usually be differentiated from one another based on imaging criteria. A biopsy is needed typically only for solid lesions that remain indeterminate on imaging.

The first step therefore is to differentiate between fat containing, cystic and solid lesions as shown in the flow-chart (Fig. 1).

Common fat containing lesions are Morgagni hernia with omentum (Fig. 2), epicardial fat pad, lipoma and teratoma.

Common cystic lesions are pleuropericardial cyst (Fig. 3) and thymic cysts while common solid lesions including Morgagni hernia with liver, pericardial or cardiac tumors, pleural tumors and nodes (Fig. 4).

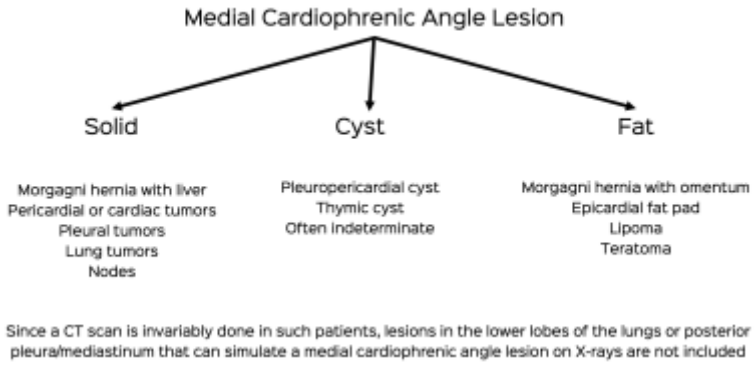

Fig. 1. Flow chart depicting the approach to medial cardiophrenic angle lesions.

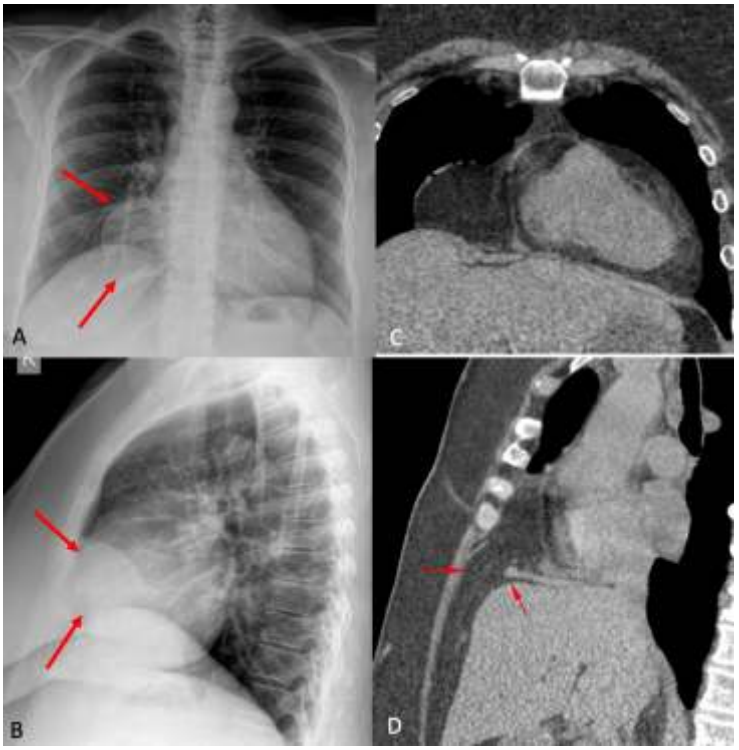

Fig. 2 (A-D): Frontal (A) and lateral (B) chest radiographs show a medial cardiophrenic angle lesion, which is fat containing (arrows) on the coronal CT scan (C) and represents omentum herniated through a foramen of Morgagni defect (arrows in D).

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At a glance

- Right medial cardiophrenic angle lesions are a small group of lesions that can often be diagnosed on imaging alone
- The first step is to differentiate among fat containing, cystic and solid lesions
- If the lesion remains indeterminate, then a biopsy may be needed.

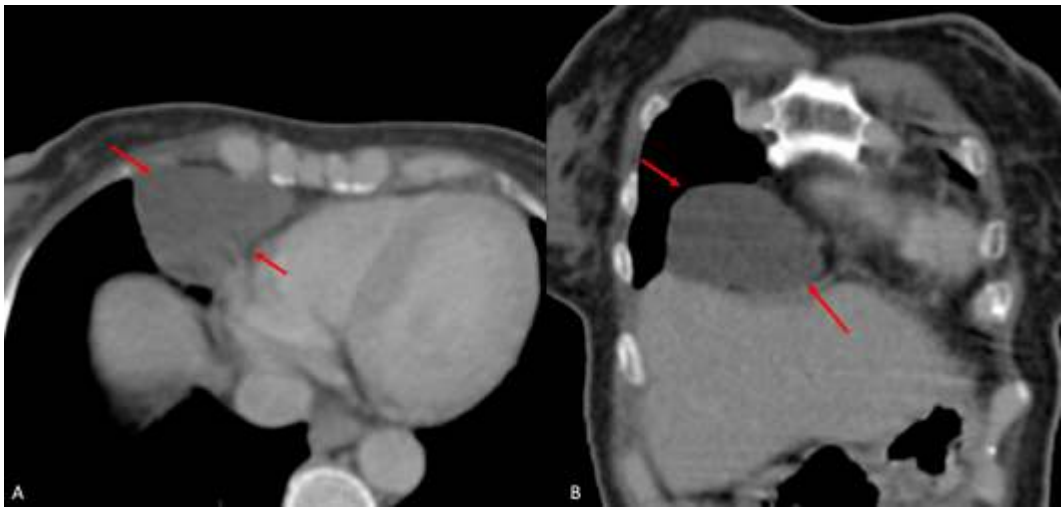

Fig. 3 (A, B): Axial (A) and coronal (B) CT scan images show a cyst (non-enhancing and thin, imperceptible walls), consistent with a pleuropericardial cyst.

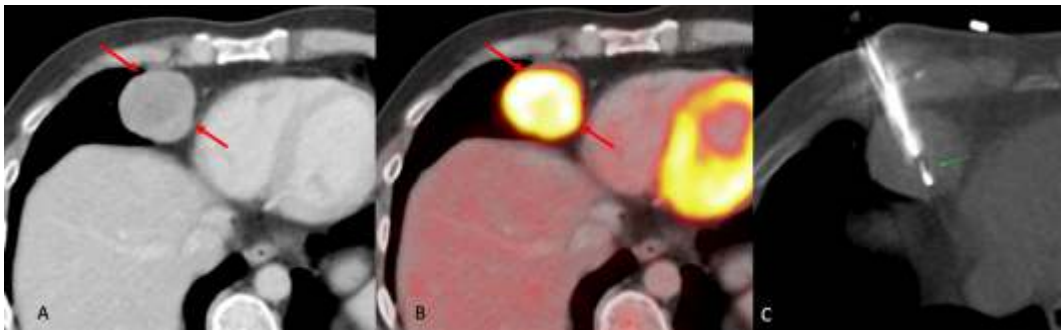

Fig. 4 (A-C): Axial (A) CT scan shows a solid enhancing medial cardiophrenic angle mass (arrows), with marked uptake on a DOTA-PET/CT (arrows in B). CT guided biopsy (C) showed neuroendocrine tumor of likely thymic origin.

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