



Sixth International  
Joint Meeting on  
**THORACIC  
SURGERY**  
Barcelona - 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> November 2024  
Auditorio Foment del Treball Nacional, Barcelona (Spain)

11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the 'Asociación Iberoamericana  
de Cirugía Torácica' AIACT



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## **VIDEO-ASSISTED THORACOSCOPIC SURGICAL DECORTICATION AND EXCISION OF ESOPHAGEAL DUPLICATION CYST FOR COMPLICATED RIGHT PLEURAL EFFUSION FOLLOWING ENDOSCOPIC ULTRASOUND-GUIDED ASPIRATION**

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An esophageal duplication cyst is an extremely rare congenital esophageal anomaly which is presumed to arise from aberrant embryological development of the primitive esophagus between 4 to 8 weeks of gestation. It is an uncommon differential for a posterior mediastinal mass and its diagnosis is difficult to make. In adults, it is usually detected as an incidental finding on chest imaging and tends to involve the thoracic esophagus, usually on the right side. In the absence of specific signs and symptoms for clinical correlation, the diagnosis of an esophageal duplication cyst on imaging studies alone can be challenging. Endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) has increasingly gained recognition for its role in the evaluation of suspected esophageal duplication cysts that are indeterminate on imaging and routine endoscopy. Unfortunately, the risk of infection of an esophageal duplication cyst following EUS-FNA has also become increasingly apparent with further reported complications of mediastinitis as well as the development of acute infectious thoracic pseudoaneurysms. Here, we report the case of a 51-year-old male patient who presented to our hospital with a persistent chronic cough following EUS-FNA of an incidentally detected esophageal duplication cyst. Computed tomography scan of the chest revealed radiographic features suggestive of a complicated right pleural effusion with a trapped lung and video-assisted thoracoscopic surgical decortication of the right lung and excision of the esophageal duplication cyst was undertaken.