



# Perikardi retsessused

## Südannt ja suuri veresooni katvad sidekoelised kestad

Fibroosne perikard

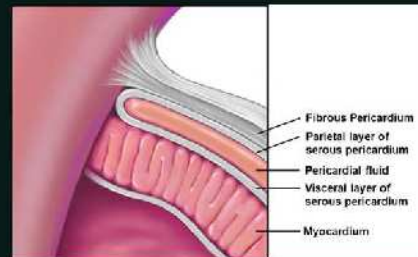
Jäik kest

Seroosne perikard

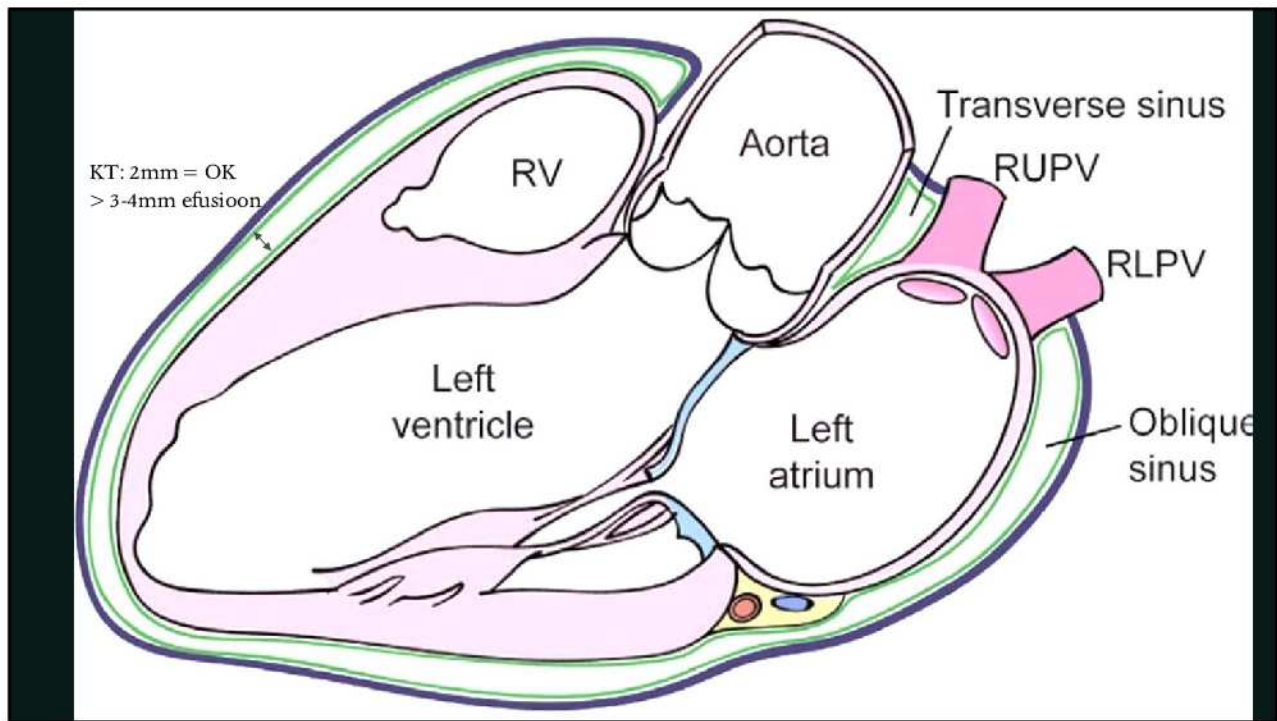
Pehme mesoteelirakkudega vooderdatud kiht

Parietaalne leste

Visceralne leste (epikard)



joins the parietal serous pericardium at the anatomical base of the heart. This junction occurs at two areas: the ventricular outflow tracts where the aorta and pulmonary trunk leave the heart, and the inflow tracts where the superior/inferior vena cava and pulmonary veins enter the heart.<sup>[8]</sup> The root of the great vessels and the associated reflections of the serous pericardium creates various smaller sacs and tunnels known as pericardial sinuses, as well as radiographically significant pericardial recesses,<sup>[9]</sup> where pericardial fluid can pool and mimic mediastinal lymphadenopathy.<sup>[9]</sup>



Tavaliselt ca 25ml vedelikku (30-50ml?)

Norm paksus KT uuringul: kuni ~2mm, ebanormaalne on üle 3-4 mm

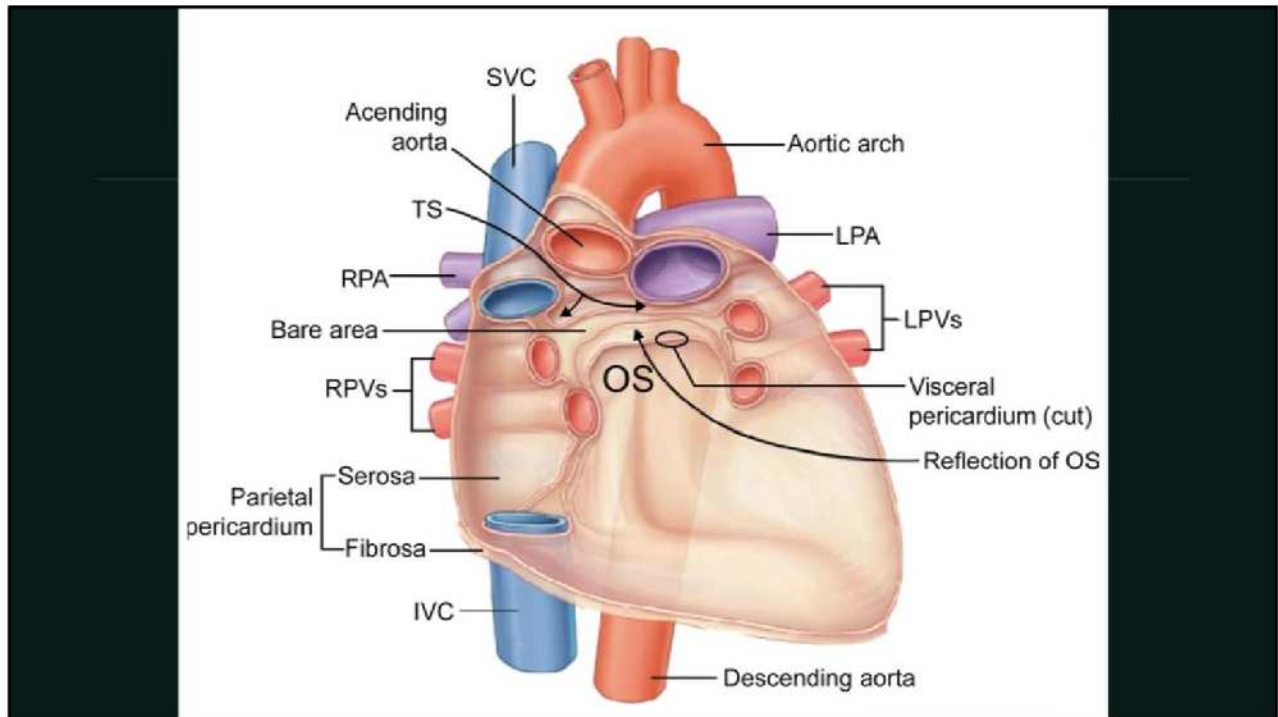
<10mm = vähene efusioon

10-20mm= mõõdukas efusioon

>20mm= ulatuslik efusioon

Efusiooni klassifitseerimine.

- <10 mm: small
- 10-20 mm: moderate
- >20 mm: large

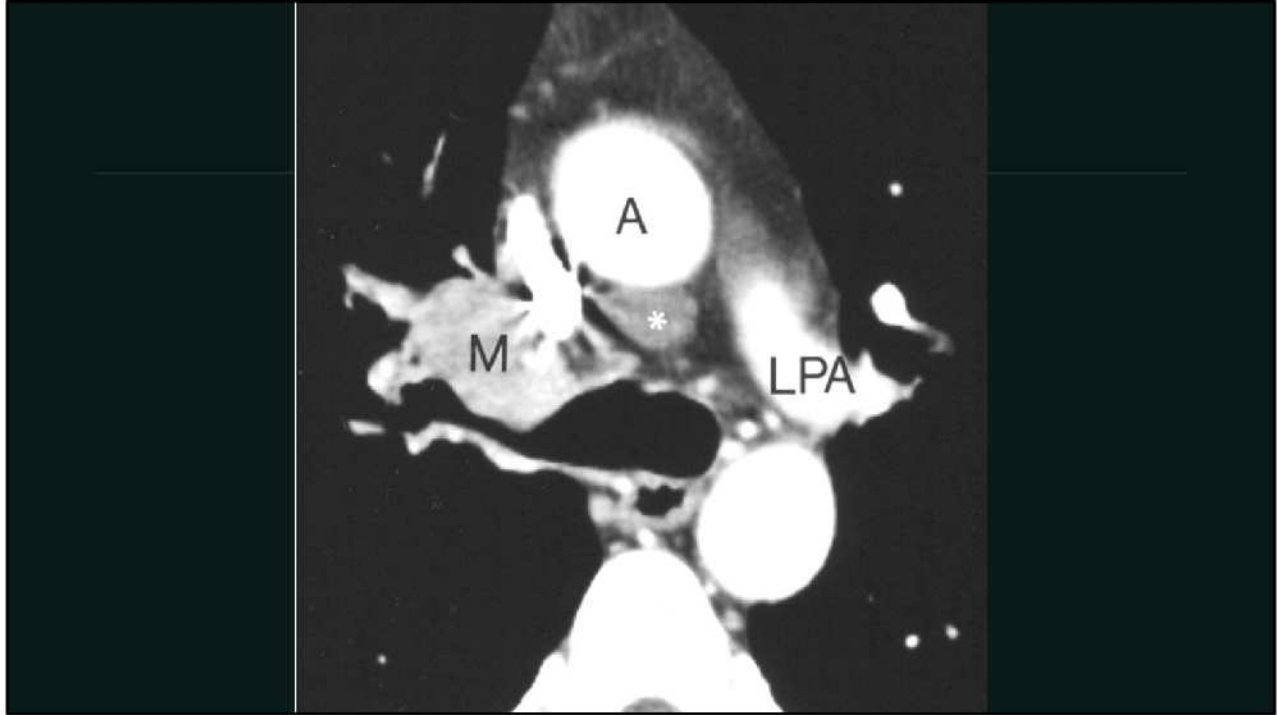


The reflections of the serosal layers are arranged around two complex tubes.

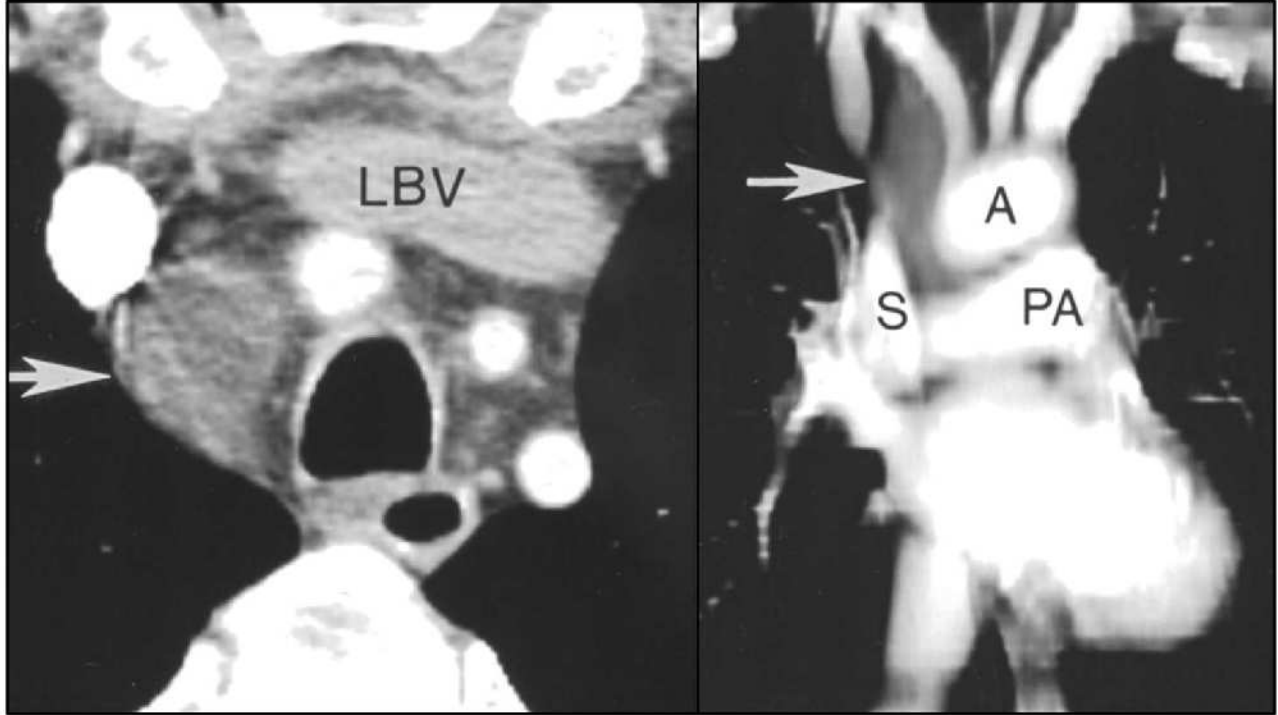
One tube encloses the aorta and pulmonary trunk.

The second tube encloses the superior vena cava, the inferior vena cava, and the four pulmonary veins.

The transverse sinus is the passage between these two pericardial tubes and is divided into the superior and inferior aortic recesses and the right and left pulmonic recesses [5]. The oblique sinus is the cul-de-sac located behind the left atrium, the inferior vena cava, and the four



Superior aortic recess : 48-year-old man with non– small cell lung cancer of right upper lobe. Axial contrast-enhanced multidetector CT scan shows superior aortic recess (asterisk) posterior to ascending aorta (A) at level of left pulmonary artery (LPA). Although this recess can be misinterpreted as enlarged lymph node, location and appearance are characteristic. Note right hilar mass (M) invading mediastinum.



**Left:** Axial contrast-enhanced multidetector CT scan at level of left brachiocephalic vein (LBV) shows cephalad extension of superior aortic recess adjacent to trachea. This “high-riding” variant (arrow) can be misinterpreted as adenopathy when slice thickness precludes seeing anatomic contiguity.

**Right:** Coronal reformation confirms contiguity of fluid collection with superior aortic recess (arrow) of transverse pericardial sinus. A = aorta, S = superior vena cava, PA = pulmonary artery.

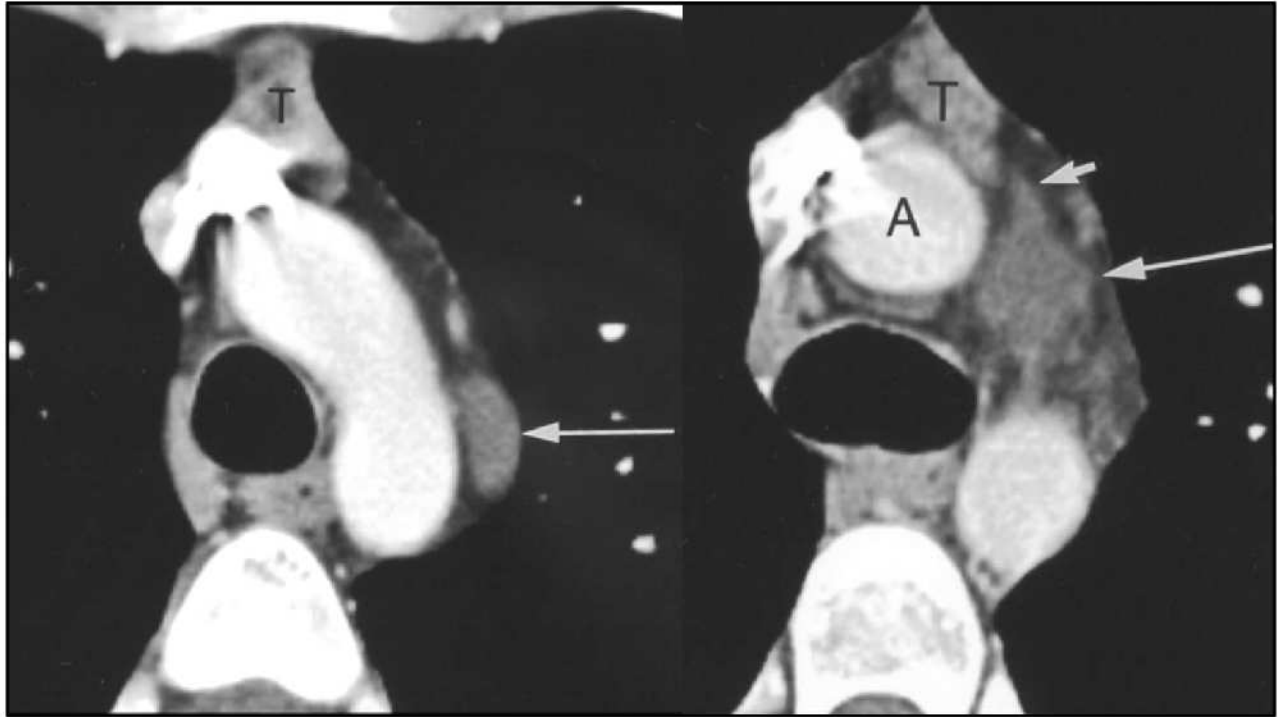
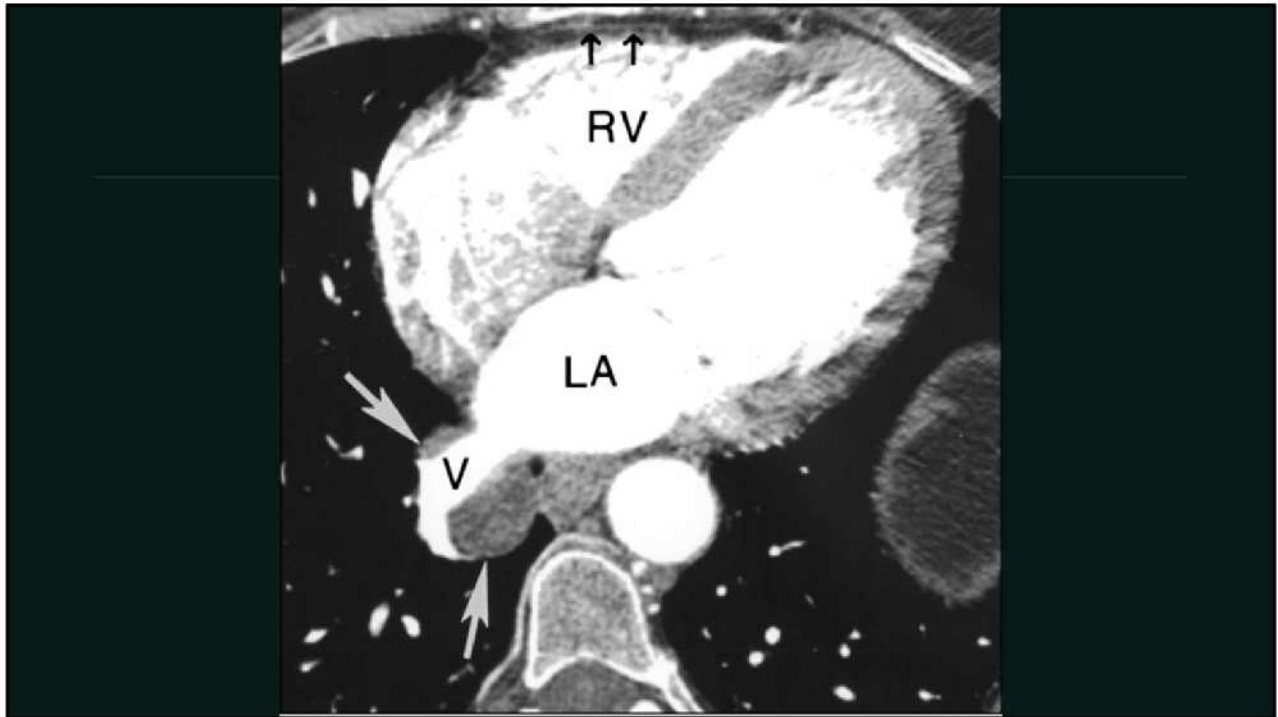
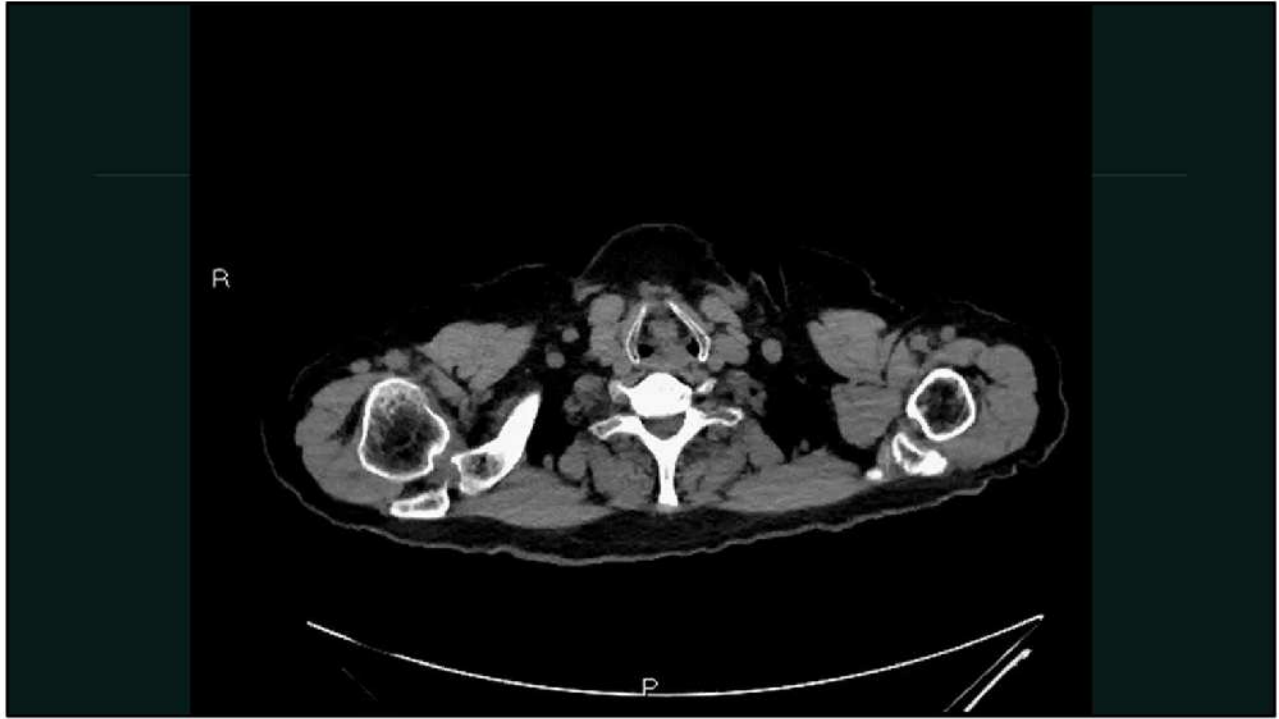


Fig. 4.—21-year-old woman with Ewing’s sarcoma of zygoma. T = thymus. A, Axial contrast-enhanced multidetector CT (MDCT) scan shows focal fluid-attenuation (4-H) structure (arrow) adjacent to aortic arch mimicking enlarged lymph node. B, Axial contrast-enhanced MDCT scan shows pericardial fluid (long arrow) mimicking aortopulmonary window adenopathy. Contiguity of these two collections with pericardial fluid anterior to aorta and pulmonary trunk, seen on 3.75-mm images, was less apparent on 7.5-mm images. Fluid collection forms beak (short arrow) directed anteriorly communicating with anterior portion of superior aortic recess (not shown). Note this appearance is useful in differentiating pericardial recess from adenopathy when contiguity is not apparent. A = aorta.





—64-year-old woman with pancreatic cancer. Axial contrast-enhanced multidetector CT scan shows fluid in serosal sleeve (white arrows) surrounding right inferior pulmonary vein (V) as it drains into left atrium (LA). Typical location and appearance—that is, anterior and posterior to vein, and well-circumscribed contour—are useful in preventing misinterpretation as adenopathy. Focal fluid collection is not associated with pericardial effusion. Note pericardium (black arrows) anterior to right ventricle (RV) is normal.



## Allikad

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American Journal of Roentgenology. 2003;181: 1109-1113.  
10.2214/ajr.181.4.1811109

<https://www.ajronline.org/doi/abs/10.2214/ajr.181.4.1811109>

<https://radiopaedia.org/articles/pericardial-recesses>

<https://www.birpublications.org/doi/full/10.1259/bjr/55699491>

<https://vikerraadio.err.ee/802986/ouulikool-david-vsevirov-ajalugu-kui-nauding>