THE DERMOID CYST – AN UNUSUAL CAUSE OF PAEDIATRIC SUPRASTERNAL MASS

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Introduction:
Dermoid cysts are benign congenital tumors arising as a result of inclusions at the lines of fusion during fetal development. Their mode of presentation is very diverse, with dermoids being present in ovaries, omentum, intracranial, intraspinal and in the skin.

Case Report
A fifteen year old boy presented with a suprasternal mass which had been noted a couple of weeks previously. He was promptly referred by his family doctor for ENT assessment.

Upon presentation to us, an urgent ultrasound neck with aspiration was performed. The ultrasound showed a cystic mass with multiple hyperechoic foci suggestive of inspissated colloid extending to the mediastinum.

Fine needle aspiration of the mass was carried out.

The cytology was reported as consistent with a thyroglossal duct cyst.

A CT scan of the mass was carried out subsequently to the relation with structures in the upper mediastinum and neck. An MRI could not be performed since the child was claustrophobic.

This showed a cystic mass superficial to the strap muscles, inferior to the thyroid and without a connecting tract visible. This was the first suggestion of the possibility of a dermoid cyst.

The child was operated via a suprasternal incision and the mass excised intact. Histology confirmed the lesion to be a dermoid cyst.

Discussion
Suprasternal notch dermoid cysts are an uncommon finding.

Diagnosis is usually done by a combination of clinical examination, imaging studies – Ultrasound, CT and MRI scans, as well as Fine Needle Aspiration. An MRI could have been done in this case instead of CT scan due to the better soft tissue definition.[1]

Surgery is the management of choice, with removal of the intact capsule resulting in very good prognosis.

Although dermoid cysts of the neck are a rare occurrence, they should be kept in mind in the differential diagnosis of any neck lesion.

References