CONGENITAL BILATERAL LARYNGEAL CYSTS IN 4-MONTH-OLD INFANT – CASE REPORT

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LARYNGEAL CYST
• rare in children
• may cause dangerous airway obstruction in children and infants

CLINICAL SYMPTOMS INCLUDE
• respiratory disorders (stridor 67%, difficulty in breathing 58%)
• difficulty in feeding (33%)
• intermittent sleep (25%)

DIAGNOSTIC ASSESSMENT
• laryngoscopy
• imaging examinations
  (chest and neck X-ray in the lateral projection, neck ultrasound, X-ray of the esophagus with contrast)
• additionally:
  ➢ Computer tomography
  ➢ Magnetic resonance

THERAPEUTIC OPTIONS
• surgery
• aspiration of a liquid fluid from cysts
• marsupialization
• laser exsizion

RELAPSE RATE REACHES 72%

CASE REPORT

A 4-month-old boy from the first pregnancy, born on time, was admitted to the ENT Department with the suspicion of laryngomalacy. Dypnea increased in the supine position and during sleep. Worsening difficulty in feeding, repeated bouts of cyanosis.

On initial evaluation saturation was 98%, respiratory effort with the activation of intercostal muscles and jugulum pulling and stridor was present, the voice during crying was clean.

Direct laryngoscopy revealed the cyst located on the left aryepiglottic fold and in the area of the left corniculate tubercule. During breathing lesion was moving towards glottis causing temporary obstruction of the airways.

The CT scan showed a clear asymmetry in the width of the aryepiglottic folds - the left much wider.

The child was qualified for surgical treatment.

Under general anesthesia, lesion was removed in the Kleinsasser’s set. Surgery and postoperative period were without complications.

The child in good condition, without breathing problems, was discharged from the hospital.

Histopathology confirmed the initial diagnosis.

Four months after the procedure, the child showed signs of a respiratory disorder with stridor.

Repeated endoscopic examination revealed a cyst on the right aryepiglottic fold

The child was qualified for the surgical treatment.

Course of surgery and postoperative period without complications.

Annual larynx observation unchanged.

CONCLUSION

Laryngeal cysts may lead to the progressive, life threatening airway obstruction. Symptoms depend on the size and the location of the cyst. Due to the rare occurrence of changes, the diagnostic and therapeutic recommendations may differ a correct diagnosis may be problematic for pediatricians and ENT doctors.