IMAGES IN OTORHINOLARYNGOLOGY

Branchial Cyst Causing Laryngeal Dyspnoea in a Newborn

Disnea laringea en recién nacido por quiste branquial

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We present the case of a newborn girl, after controlled gestation and vaginal delivery, from a single pregnancy, without conditions or treatments of interest during pregnancy, who was admitted to the neonatal ICU within hours of birth due to respiratory distress with a laryngeal origin. A cervical computed tomography (CT) scan with contrast showed a well-defined, cystic lesion with liquid density of 17 × 14 × 11 mm, which presented no contrast enhancement. The lesion was closely linked to the larynx, which it displaced towards the right (Fig. 1).

The following morning, laryngeal microsurgery revealed a lesion with cystic appearance and lined by a thickened mucosa in the pharyngeal wall of the left pyriform sinus, which ascended through the pharyngoepiglottic fold up to the lingual side of the epiglottis and narrowed the airway. The lesion was sectioned and its mucous content was removed. The histological result was a branchial cleft remnant. The evolution was favourable, and the patient was discharged after 1 week. The patient developed normally in subsequent months.

Cysts and fistulas are the result of a lack of closure or resolution thereof. Those originating from the second branchial arch are more frequent, as its embryological persistence is longer. At present, complete excision is recommended. The use of imaging and cytology techniques for a diagnostic approach is not disputed. The definitive diagnosis is always obtained through the histological study. In our case, we suspected a cystic lesion, but not due to a branchial cleft remnant, which is the reason why only a marsupialisation was performed, rather than complete excision as recommended in the literature. We believe that this case was a remnant of the third branchial cleft.

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