

A Case Report On Adult Vallecular Cyst

Dr.S. Vennela¹, post graduate, Department of Ent, GMC, Kadapa, NTRUHS, GMC, Kadapa, Andhra Pradesh

Dr.S. A. S. Faruq², Assistant Professor, Department of Ent, GMC, Kadapa, Andhra Pradesh

Dr.M.V. Rupadevi³, Post Graduate, Department of Ent, GMC, Kadapa, NTRUHS, Andhra Pradesh

Dr.Aiswarya S Gopan⁴, Post Graduate, Department of Ent, GMC, Kadapa, NTRUHS, Andhra Pradesh

Abstract

Vallecular cysts are formed when the duct of mucous gland or lingual tonsillar crypt is dilated owing to obstruction from inflammation, irritation, trauma. small cysts are usually asymptomatic. however, cyst growth results in dysphagia, odynophagia, and acute airway complications

A 55-year-old male patient presented to the outpatient department with complications of difficulty in swallowing and foreign body sensation in the throat from 3 months. no complications of fever or throat pain. on performing examinations of throat, oral cavity and oropharynx are normal. on performing video laryngeal stroboscopy, vallecular cyst appeared on the left side attached to the epiglottis (lingual surface) surgical cyst excision was done and sent for histopathological examination

Keywords: vallecularcyst, electro cautery, dysphagia

Date of Submission: 06-11-2022

Date of Acceptance: 20-11-2022

I. Introduction

Vallecular cysts are ductal cysts resulting from obstruction of duct of the mucous gland at the base of the tongue may be due to inflammation, irritation, or trauma Age of presentation of vallecular cysts is bimodal suggesting two separate clinical forms i.e., adult and pediatric vallecular cysts These are rare anomalies, most of them are asymptomatic or incidentally found in adults Few cases present with symptoms like dysphagia, globus sensation in the throat, acute airway complications

II. Case Presentation

A 55 years male patient presented to the out-patient department with complaints of difficulty in swallowing and foreign body sensation in the throat from 3 months.No complaints of pain during swallowing There is no history of difficulty in breathing. No history of hoarseness of voice.No history suggesting any thyroid disorders. No history of fever or cough. No history of choking spells

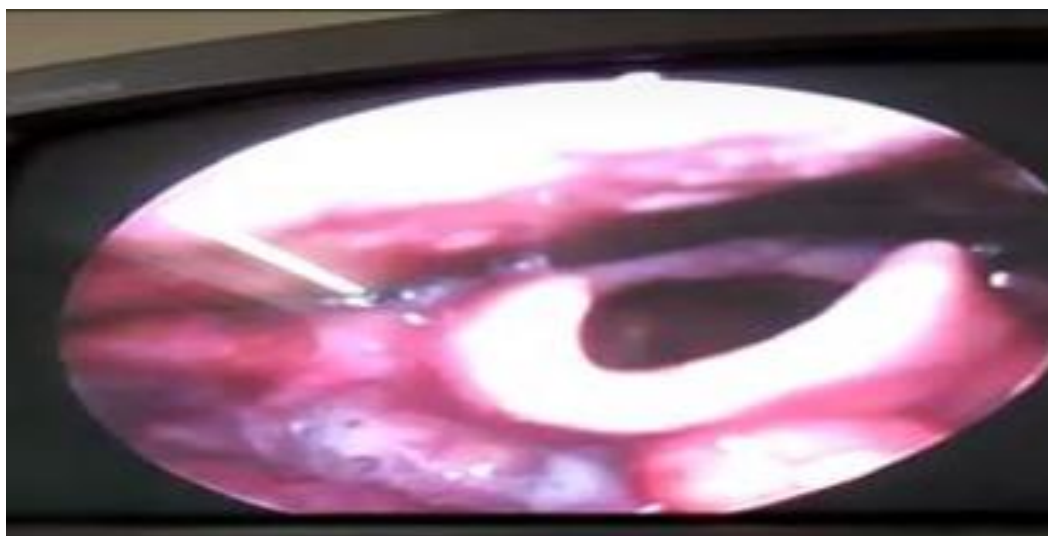


Figure 1. left vallecular cyst on video laryngoscopy

On examination her general condition and vitals are normal. examination of oral cavity is normal; oropharynx is normal and on IDL (in direct laryngoscopy) examination Base of the tongue is normal. 1*1 cm cystic mass present in the left vallecula attached to the lingual surface of epiglottis is noticed. Epiglottis, Piriform fossa, False vocal cords, True vocal cords are normal

He was admitted in the ward and he was advised for routine blood investigations and VLS. On Video-laryngoscopy X 1 cm cystic mass present in the left vallecula attached to the lingual surface of epiglottis is noticed, Vasculature is noted on the cystic mass. Epiglottis, arytenoids, vocal cords are normal

We are planned for cyst excision under general anesthesia. After getting proper consent we proceeded with surgery. In supine position under GA with nasotracheal intubation Boyle Davis mouth gag applied and tongue is pulled anteriorly and held with Babcock forceps. 70-degree rigid endoscope was placed deep enough to clearly visualize vallecula and surrounding structures. Vallecular cyst is held with forceps and using electrocautery, the cyst is excised from the surrounding tissues. Confirmation of complete excision of the cyst from vallecula is done. Patient is kept NPO for 6 hours and oral feeds are allowed later. Patient was discharged on 2nd postoperative day after pain reduced in the neck. A course of antibiotics and analgesics given and advised to take soft foods and plenty of liquids. Patient is reviewed after a week, no residual complaints. Post operative endoscopy shows normal shape and size of epiglottis and vallecula. Cyst was proven benign after 2 weeks on Histopathological examination

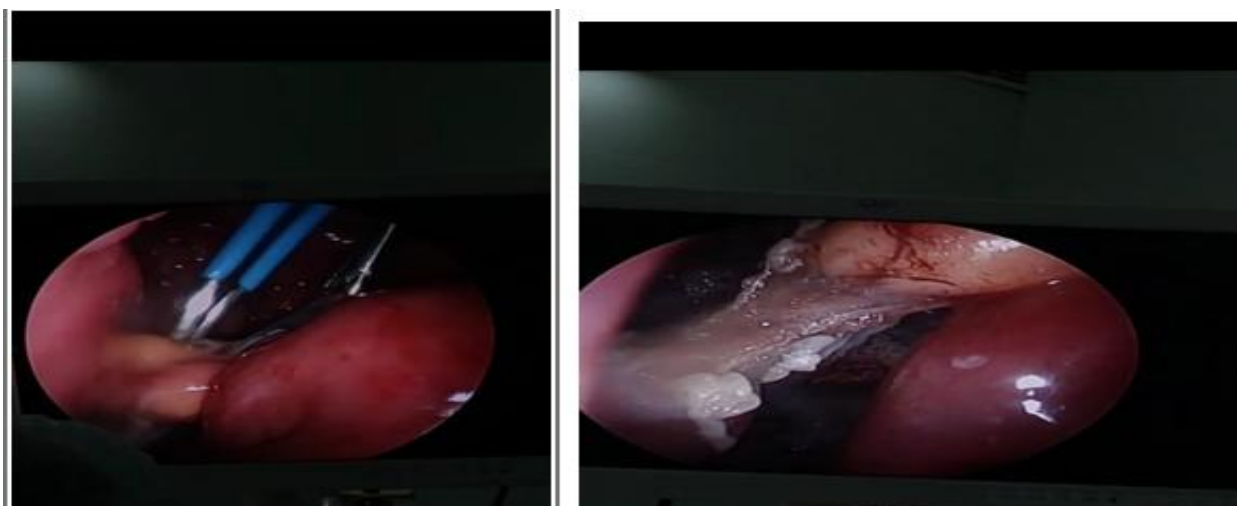


Figure 2&3. surgical resection of vallecular cyst by using electrocautery



Figure 4. at the end of surgical procedure, complete removal of vallecular cyst from lingual surface of epiglottis

III. Discussion

Electrocautery which is used in this report, is also a frequently used instrument in the part of otolaryngology surgery since it is easy to use and has a relatively short learning curve and is thus actively utilized for laryngeal surgery. It also has the advantage of being able to effectively handle bleeding from the surgical site while lesions are being cut off. However, the heat energy of this surgical instrument can cause

thermal damage to the surrounding structures or form secondary scarring in the present case, using electrocautery, the epiglottic cyst was completely removed without damaging the surrounding tissue or bleeding, and the patient recovered without specific complications after the surgery.

IV. Conclusion

Advantage of using electrocautery is a relatively short learning curve and effectively handles bleeding from the surgical site. Under visualization with the endoscope cyst can be excised completely without any residual tissue and damage to the surrounding structures

References

- [1]. Berger G, Averbuch E, Zilka K, Berger R, Ophir D. Adult vallecular cyst: thirteen-year experience. *Otolaryngology*. 2008;138(3):321–327.
- [2]. Mason DG, Wark KJ. Unexpected difficult intubation. Asymptomatic epiglottic cysts as a cause of upper airway obstruction during anaesthesia. *Anaesthesia*. 1987;42(4):407–410.
- [3]. Rivo J, Matot I. Asymptomatic vallecular cyst: airway management considerations. *Journal of Clinical Anaesthesia*. 2001;13(5):383–386.
- [4]. Leuin S, Cunningham M, Volk MS, Hartnick C. Transhyoid approach to excision of recurrent vallecular pseudocysts. *Laryngoscope*. 2008;118(1):124–127.
- [5]. Wong KS. Vallecular cyst synchronous with laryngomalacia: presentation of two cases. *Otolaryngology*. 1995;113(5):621–624.
- [6]. Kothandan H, Ho VK, Chan YM, Wong T. (2013). Difficult intubation in a patient with vallecularcyst. *Singapore Med J*. 54(3):62-65.

Dr.S. Vennela, et. al. "A Case Report On Adult Vallecular Cyst." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(11), 2022, pp. 27-29.