

Case Report

Excision of Ventricular Cysts of Larynx using Zero Degree and 30 Degree Endoscope

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ABSTRACT

A case of ventricular cyst of larynx has been described, where 0° and 30° nasoendoscope was used to get good access and complete excision. Clinical presentation and

treatment of ventricular cyst of larynx in literature has been discussed. Though these are rare they could present as an emergency at any age.

KEY WORDS: deroofing, marsupialization, unroofed, ventricular cyst of larynx, 0° and 30° rigid nasoendoscope

CASE REPORT

A 23-year-old male patient attended the ENT clinic with dysphonia, muffled voice and painful swelling in the left side of the neck for the past three days. Indirect laryngoscopy revealed pooling of saliva and a globular cystic swelling in the left ventricle.

Neck examination unveiled a diffuse swelling in the left anterior triangle. After 48 hours of intravenous antibiotics and steroids, the ventricular and neck swelling was more localized. It was confirmed by X - ray (Fig. 1) and CT scan of neck (Fig. 2). CT scan of the neck showed a well-defined peripherally enhancing cystic lesion in the supraglottic compartment of the larynx measuring 3.6 x 3 x 1.7 cm in size and it was arising from the left ventricle, extending into the lumen medially and paraglottic space laterally through the thyrohyoid membrane.

Fiberoptically guided nasoendotracheal intubation was done. Boyle-Davis gag with a long tongue blade was used to get good exposure and the cyst was decapped using 0° and 30° Hopkins nasoendoscope (Fig. 3). The raw area after unroofing was cauterized (Fig. 4).

Postoperative period was uneventful. The patient was discharged after 48 hours with no further recurrence.

DISCUSSION

Laryngeal ventricle cysts are rare and less common in the pediatric population than in adults^[1]. Congenital laryngeal cyst has an incidence of 1.82 per 100,000 live births^[2]. Congenital cysts are asymptomatic unless they are large enough to

cause stridor and respiratory obstruction in infants and children^[3].

The most common symptoms of a laryngeal cyst are hoarseness, local foreign body sensation and dysphonia^[4]. Small cysts are not obvious at endoscopy and are indeed buried below the mucosa in soft tissues^[5]. Flexible fiberoptic laryngoscopy could help to detect medium and large cysts^[2]. CT scan proved useful for intralaryngeal location and planning of the surgical excision^[6].

Small and medium sized cysts are excised using carbon dioxide laser^[7] or cup forceps^[5]. Endoscope deroofing is as effective as endoscopic excision but is technically simpler and thus is recommended as the treatment of choice^[2]. Recurrence rate is higher after endoscopic marsupialization procedures^[8]. Repeated needle aspiration of the cyst failed to provide sustained clinical improvement^[6]. Laryngeal cysts, when they are large and becomes extra laryngeal by piercing the thyrohyoid membrane are excised by paramedian or laryngofissure approach^[9].

CONCLUSION

We have reported and discussed the clinical presentation of a ventricular cyst in an adult. Rigid Hopkins fiberoptic nasoendoscope (0° and 30°) was used to access the cyst and complete its excision.

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Fig. 1: Plain X-ray of the ventricular cyst

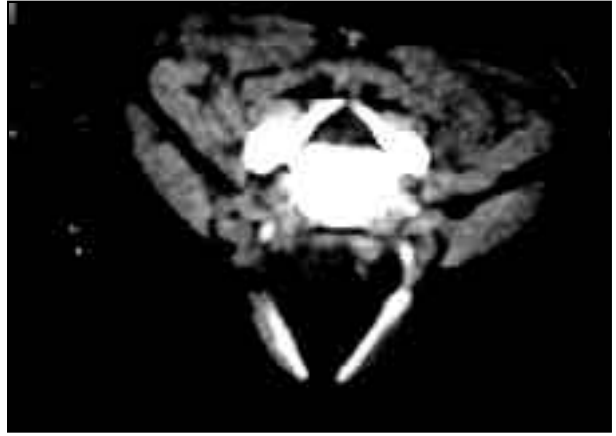


Fig. 2: CT Scan of ventricular cyst



Fig. 3: Endoscopic view of ventricular cyst



Fig. 4: Endoscopic view after unroofing and cauterization

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