

*Case Report***A Rare Case Report of Vallecular Cyst**Neetu Vanapalli¹, Venkatraman J²Postgraduate¹, Assistant Professor²,

*Dept. of Pathology, Sri Manakula Vinayagar Medical College and Hospital, Pondicherry.

**Dept. of Pathology, Mahatma Gandhi Medical College and Research Institute, Pondicherry.

Corresponding Author: Venkatraman J

ABSTRACT

Vallecular cysts are rare retention cysts of minor salivary glands seen in the vallecula and base of tongue. Distortion of epiglottis is observed when the cysts grow larger in size. [2] They cause significant retroflexion of the epiglottis leading to dysphagia, odynophagia and respiratory obstruction. We report an uncommon case vallecular cyst in an adult, which has been treated surgically.

Keywords: Vallecular cysts, salivary glands, vallecula.

INTRODUCTION

Vallecular cysts are rare retention cysts of minor salivary glands seen in the vallecula and base of tongue. [1] It is known as epiglottic mucous retention, or base of the tongue cyst, and is classified as a ductal cyst that results from obstruction and retention of mucus in collecting ducts of submucosal glands containing clear and non-infected fluid. Distortion of epiglottis is observed when the cysts grow larger in size. [2] They cause significant retroflexion of the epiglottis leading to dysphagia, odynophagia and respiratory obstruction. [3] We report an uncommon case vallecular cyst in an adult, which has been treated surgically.

CASE REPORT

A 56 year old male presented to the ENT department with difficulty and pain during swallowing and breathing with voice change for a period of three months. Symptoms associated with ear pain and discharges were not present. On endoscopic

examination, cystic lesion was seen in vallecula, vocal cords were normal. Throat, ear and nose appeared within normal limits. Routine blood tests, serum electrolytes and urine examination were normal. Since the patient complained of dyspnoea and presence of vallecular cyst at the base of the tongue being an acute emergency condition, the patient was advised tracheostomy under general anaesthesia.

Operative findings revealed cystic lesion measuring 3x 2x2 cms seen arising from the base of the tongue filling the entire vallecula. Epiglottis was not visualized. Cyst was enclosed in laryngeal inlet. It was excised in total and clear fluid was drained from it. Histopathology report of the cyst wall showed stratified squamous lining epithelium with multiple lymphoid aggregates and band of lympho-plasmocytic infiltration in the subepithelium. There were dilated capillaries and areas of haemorrhage (Figure 1 and 2).

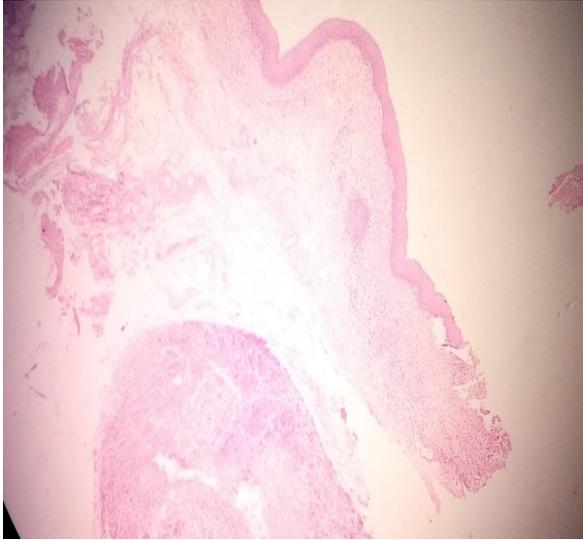


Figure 1: Microscopic picture shows a cyst with a lymphoid aggregate, H&E, 10X.

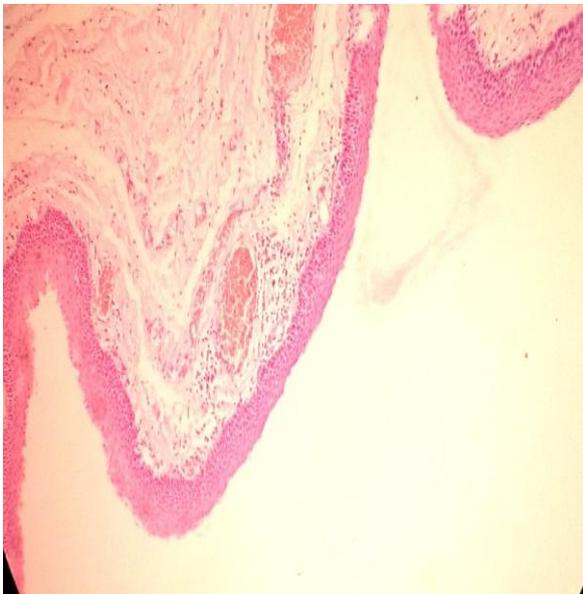


Figure 2: Microcopy shows a cyst wall lined by squamous epithelium and subepithelium shows few dilated capillaries. H&E, 40X

DISCUSSION

The first laryngeal cyst reported was published by Abercrombie J in 1881. [1] Vallecular cyst is a rare benign lesion in an adult which is seen arising from lingual surface of epiglottis. [2,3] The other names are epiglottis mucous retention cyst and base of the tongue cyst. [3] Obstruction to the duct of mucous glands causes cyst formation which gradually increases in size. [4] It leads to respiratory distress and dysphagia. [2] Dysphagia is seen due to involvement of base of tongue and epiglottis during swallowing. [5] The vallecular region is filled

with cyst which leads to obstruction of the airway causing laryngeal inlet to be blocked and increased risk of respiratory distress. [5] Sometimes these symptoms are accompanied by muffled hot-potato voice. [4,5]

Literature has documented few cases with fatal outcome due to acute airway obstruction. [2] The age group affected mostly are infants and children. [4] In our case the cyst was detected in a 56 year old male who presented with symptoms like dysphagia, odynophagia, dyspnoea and voice changes. Vallecular cysts are confirmed by laryngoscopic examination. [2] Differential diagnoses include thyroglossal duct cyst, lingual thyroid, lymphangiomas, hemangiomas, desmoid cysts, laryngomalacia, vocal cord paralysis etc. [2,4] Surgical management of vallecular cysts is marsupialization of the cyst. [5]

CONCLUSION

Despite vallecular cysts being more common in infants, occurrence in adults has also been reported. Thus the patient having acute respiratory distress have to be evaluated for vallecular cyst. Since it has fatal outcome, clinicians need to be aware of this entity during laryngoscopic examination.

REFERENCES

1. Parelkar SV, Patel JL, Sanghvi BV, Joshi PB, Sahoo SK, et al. (2012) An Unusual Presentation of Vallecular Cyst with near Fatal Respiratory Distress and Management Using Conventional Laparoscopic Instruments. J Surg Tech Case Rep 4: 118-120.
2. Abercrombie J. (1881). Congenital cyst in the larynx. Transaction of the pathological society in London 1881; 32: 33-34.
3. Vallecular cyst .A case report. Bhushan N. Lakhkar, Rajagopal K.V; Lathikashetty. Journal Otolaryngology and Head and Neck surgery 2003; 55:130-131.
4. Nee TS, Saim A (2014) vallecular cyst: Airway Challenge and options of

- management .Otolaryngology 4:158. doi:10.4172/2161-119x. 1000158. surgery. Clinical and practical.2nd edition.
5. Hazarika P, Nayak DR. Textbook of Ear, nose, throat and Head and neck

How to cite this article: Vanapalli N, Venkatraman J. A Rare Case Report of Vallecular Cyst. International Journal of Research and Review. 2016; 3(12):58-60.



International Journal of Research & Review (IJRR)

Publish your research work in this journal

The International Journal of Research & Review (IJRR) is a multidisciplinary indexed open access double-blind peer-reviewed international journal published by Galore Knowledge Publication Pvt. Ltd. This monthly journal is characterised by rapid publication of reviews, original research and case reports in all areas of research. The details of journal are available on its official website (www.gkpublication.in).

Submit your manuscript by email: gkpublication2014@gmail.com OR gkpublication2014@yahoo.com