

## Case Report

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# Cyst of Epiglote in the Sex Male: Report of Case

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## Introduction

Laryngeal cysts are rare and correspond to approximately 5% of the benign lesions of this structure. They are not sex predominant and are more prevalent between the 5<sup>th</sup> and 6<sup>th</sup> decades of life, despite reports being made at all ages. These cysts were studied and classified by site, size, content and relationship to laryngeal mucosa. The ductal or retention mucous cysts are the most common type of laryngeal cyst, comprising 75% of cases. The saccular cyst, which makes up the remaining 25%, can cause respiratory symptoms through enlargement of the aryepiglottic fold [1]. The presentation of symptoms varies according to the age, size and location of the cysts. In children, due to the small diameter of the respiratory tract, the epiglottic cyst may cause airway obstruction and present as stridor and dyspnea. Adults are usually asymptomatic but may report hoarseness, throat globus, pain, dysphagia, and in some cases respiratory symptoms that rarely lead to death.

Due to the absence of symptoms, these anomalies are usually discovered accidentally during routine otorhinolaryngological examination, anesthetic induction and even in the performance of upper digestive endoscopy. Thus, a detailed history and a thorough physical examination are important for your diagnosis. As part of the examination, observation of the patient's breathing, once altered, may raise the suspicion of a congenital cyst that will be confirmed by transnasal fiber optic laryngoscopy [2]. In addition, computed tomography and magnetic resonance imaging may provide better visualization and definition of the cyst. Regarding treatment, the options include endoscopic excision, CO2 laser excision, marsupialization, flaying and lateral pharyngotomy. For congenital laryngeal cyst, complete excision of the cyst is proposed by means of endoscopic surgery.

## Case Report

A 48-year-old male patient comes to the otorhinolaryngology clinic complaining of pharyngeal globus two months ago with nocturnal awakenings due to gushing negative factor of worsening or improvement. It refers to mobility of the swallowing lesion and associated nausea. It also presents phonatory alterations like hoarseness and nasal voice [3]. Deny nasal and otological

complaints. At the physical examination, the patient presented patent nasal cavities without hypertrophy of inferior turbinates. In the oral cavity it had a grade one amygdala with the presence of a simple cyst of approximately two centimeters in vallecula. No local phlogistic signs. A videolaryngoscopy was performed, reinforcing the hypothesis of simple cyst, without other changes worthy of note in the larynx and oral cavity. Magnetic resonance imaging of the head and neck also suggested simple vallecula cyst. The excision of the cyst was performed in a surgical center without interurrences. The pathological anatomy was negative for malignancy.

## Discussion

The simple epiglottis cyst is a pathology that often has a benign course. In the case reported, it was presented in a middle-aged man, which is consistent with data from the literature, which shows a higher proportion in people between the 5<sup>th</sup> and 6<sup>th</sup> decades of life. Regarding sex, according to studies there is no prevalence for any gender. The literature also reports that the ductal epiglottic cyst has a higher incidence in the population, corresponding to 75% of the cases and confirmed in the patient in question, which has a simple cyst in vallecula, without enlargement of the aryepiglottic fold [4]. The vallecula cyst is a condition that may present asymptomatic or course with foreign body sensation in the larynx. Other symptoms reported in studies, such as dysphagia, pain, hoarseness and pharyngeal globus sensation may also be present, and were perceived in the patient [5]. The diagnosis of this abnormality is based on otorhinolaryngological examination and confirmed by laryngoscopy and other imaging tests such as computed tomography or magnetic resonance imaging, which were performed in the patient in question. Finally, the treatment of choice is the endoscopic excision of the cyst, which was not used in the case reported, and the surgical removal of the cyst was done.

## Conclusion

Laryngeal cysts are rare; they most often have a benign course and involve mainly people between the 5<sup>th</sup> and 6<sup>th</sup> decades. It is

a generally asymptomatic condition whose diagnosis is clinical and confirmed by imaging tests. The treatment of choice is endoscopic excision.

## References

1. Lam HCK, Abdullah VJ, Soo G, Po T (2000) Epiglottic cyst. *Otolaryngol Head Neck Surg* 122: 311.
2. Seung-Hwa Lee, Duck-Joo Lee, Kwang-Min Kim, Dong Ryul Lee, Sang-Wook Seo, et al. (2014) Epiglottic cyst incidentally discovered during screening endoscopy: a case report and review of literature. *Korean J Farm Med* 35(3): 160-166.
3. Yuce Y, Uzun S, Aypar U (2013) Asymptomatic vallecular cyst: case report. *Rev Bras Anestesiol* 63(5): 419-421.
4. Lee WS, Tsai CSS, Lin CH, Lee CC, Hsu HT (2000) Airway obstruction caused by a congenital epiglottic cyst. *Int J Pediatr Otorhinolaryngol* 53(3): 229-233.
5. Dahm MC, Panning B, Lenarz T (1998) Acute apnea caused by an epiglottic cyst. *Int J Pediatr Otorhinolaryngol* 42(3): 271-276.

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