A MIDLINE LUMP’S DISCRETE FORTUNE

Ajay Manickam
THE EMBRYOLOGICAL REMNANTS
PERSISTANT REMNANTS OF BRANCHIAL APPARATUS and THYROGLOSSAL DUCT

- First branchial arch fistula – cervico aural
- Second branchial arch fistula
- Third and fourth branchial arch abnormalities
- Disorders of thyroglossal duct
DESTINATION

• A MIDLINE LUMP’S EN-ROUTE
CASE HISTORY

With C/O

- Swelling in the front of neck for the past 14 years
- Foreign body sensation in throat for the past 1 month
NO HISTORY
Examination in OPD

- The mass in the neck was around $5 \times 4$ cm
- It was mobile, non tender, insidious in onset and gradually progressive
- Moves with deglutition
- Moves with protrusion of tongue
INDIRECT LARYNGOSCOPY EXAMINATION

- Mass in the supraglottis, extending to vallecula, glottic chink was narrow, bilateral arytenoids, AE folds, Vocal folds were mobile
- No other palpable neck nodes
DIAGNOSTIC DILEMMA

• 1. Ectopic thyroid
• 2. Sebaceous cyst
• 3. Dermoid cyst
• 4. Lipoma
• 5. Branchial Cleft cyst
• 6. Metastatic Lymphnode
• 7. Laryngeal carcinoma
CLINICAL EXAMINATION

• CLASSICAL APPEARANCE
• MOVEMENT
• POSITION
• HISTORY NEARLY 12 YEARS

• AGE
• H/O SMOKING, ALCOHOLISM
PLAN

- ADMISSION
- INVESTIGATION
INVESTIGATIONS

• ULTRA SONOGRAPHY OF NECK
  Solid SOL with echogenic matter, measuring 4x3cm, anterior and superior to the thyroid gland

• FNAC
  Thyroglossal cyst
CT SCAN OF NECK

- Heterogeneously enhancing necrotic,mass lesion with
- Superior extent to the left supraglottic region upto valeculla
- Lateral extension into left paraglottic Space
- Anteriorly it extended within the subcutaneous tissue with erosion of left thyroid lamina
MANAGEMENT

- Sistrunk operation
TRACHEOSTOMY
Post operative management
DAY 0 - DAY 7
HISTOPATHOLOGICAL REPORT
DISCUSSION

1. INFRA HYOID
2. SUPRA HYOID
3. INTRA LINGUAL
4. SUPRA STERNAL

Laryngeal extension
THYROGLOSSAL CYST
ENROUTE LARYNX
• Clinical examination
• Radiological guidance in cases with diagnostic dilemma
• Intra laryngeal extension though rare to be kept in mind
THANK YOU