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CLINICAL STUDY OF LARYNGEAL CYSTS

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SUMMARY

This paper describes eight cases of successfully treated laryngeal cysts in different age groups with varying presentation problems.

INTRODUCTION

Cysts in the larynx are one of the least encountered benign laryngeal lesions. However, Myerson [1] claimed that laryngeal cysts occurred more frequently than described in the text books. Singh and Malik [2] had reported five cases which were diagnosed during a five years period. The present paper deals with eight cases of cysts of the larynx in different age groups with varying presenting problems treated satisfactorily during an eight year period at the University Hospital, Kuala Lumpur, Malaysia.

DISCUSSION

The occurrence of cysts in the larynx is infrequent, as examination of records of this hospital over an eight year period revealed only eight cases. The rarity of such a lesion has also been claimed by Myerson [1] and Singh and Malik. [2] It is an established fact that cysts of the larynx may remain asymptomatic for a long time and are usually diagnosed on routine examination. This can be one of the contributory factors, why cases are not encountered.

As for age, five of the eight cases occurred in the third or fourth decade of life. However, the youngest patient was a one-year-old child and the oldest was fifty-four years. This was in conformity with the statement of Myerson [1] but contradictory to the observations of Singh and Malik, [2] who claimed that 60 percent of cases were to be found among elderly persons. Such varying results itself reflect that the condition can occur at any age as also claimed by Asherson. [3] Laryngeal cysts have been reported to be more predominant among males (Ullrich 1887, as quoted by Myerson [1]) and seven of the eight cases in our series were males.

Asherson [3] reported that this condition was usually symptomless, whereas in our series, none of the cases were found to be asymptomatic although the presenting symptoms were from mild to severe in nature. The cases with mild symptoms might have been labelled as asymptomatic by earlier authors but this cannot be so, as we observed that the milder the symptom the more persistent it had been. Most of the five cases in the present series presented with a lump in the throat, followed by irritation of the throat (two cases), dysphagia, difficulty in breathing and recurrent sore throat (one case each). Such symptomatology is well known and widely accepted. Congenital cysts of the larynx may produce symptoms at any time from birth to adulthood. [4] A similar observation was made in one of our cases which presented with difficulty in breathing within few months of life.

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S/No	1	2	3	4	5	6	7	8
Age Sex Complaints with Duration	23 years Female Lump in throat 4 months	54 years Male Dysphagia 2 months	37 years Male Irritation of throat Lump in throat Hoarseness 4 years	34 years Male Irritation throat 2 years	22 years Male Lump in throat 2 years	26 years Male Lump in throat 6 years	1 year Male Difficulty in breathing for many months	42 years Male Recurrent sore throat 1 year
Site of Lesions	Vallecula (Laryngeal surface of epiglottis) (Figs. 2, 3 and 4)	Vallecula (Laryngeal surface of epiglottis)	Vallecula (Laryngeal surface of epiglottis)	Aryepiglottic fold	Vallecula (Base of tongue)	Vallecula (Laryngeal surface of epiglottis)	Vallecula (Base of tongue)	Vallecula (Laryngeal surface of epiglottis + Pharyngo-epiglottic folds
No. of Lesions	1	1	1	2	1	1	1	4
Side of Lesions	Right	Left	Right	Left	Left	Left	Middle	Both sides
Sessile or Pedunculated	Pedunculated	Sessile	Pedunculated	Pedunculated	Pedunculated	Pedunculated	Sessile	Sessile (2) + Pedunculated (2)
Appearance of Lesions	Yellowish blood vessels running over it	Typical appearance	Typical appearance	Typical appearance	Typical appearance	Typical appearance	Smooth Pinkish in colour	Smooth Pinkish in colour
Lobulated	–	–	–	Lobulted	–	–	–	–
Palpation Findings	Cystic Mobile	Cystic Fixed	Cystic Mobile	Cystic Mobile	Cystic Mobile	Cystic Mobile	Firm Cystic Fixed	Cystic Mobile (2) Fixed (2)
Investigation	–	–	–	–	–	–	Direct Laryngoscopy under general anaesthesia	–
Diagnosis	Cyst Larynx	–	–	–	–	–	–	–
Treatment Per Orally	Removal Per orally + Cauterisation of Base	Marsupilization + Cauterisation of Base	Removal Per orally + Cauterisation of Base	Removal Per orally + Cauterisation of Base	Removal Per orally + Cauterisation of Base	Removal Per orally + Cauterisation of Base	Marsupilization + Cauterisation of Base	Removal Per orally + Cauterisation of Base
Histology	Retention Cyst	Retention Cyst	Retention Cyst	Retention Cyst	Dermoid Cyst	Retention Cyst	Retention Cyst	Retention Cyst
Follow-up	2 years No recurrence	3 years No recurrence	3 years No recurrence	7 years No recurrence	7 years No recurrence	2 years No recurrence	Few months No recurrence	Few weeks No. recurrence
Remarks	–	–	–	–	–	Developed Phaume-thorax while on the operating table Managed Satisfactorily	–	–

Fig. 1 Lateral X-ray neck showing soft tissue shadow (cyst) in the region of posterior one-third of the tongue, reducing the airway.

Laryngeal cysts are known to arise from any part of the larynx, the lingual surface of the epiglottis being the commonest site. [1,5] In five of the eight cases, the cyst arose only from this site. Other uncommon sites noted were the base of the tongue (two cases) and the aryepiglottic fold (one case). These other less common sites have also been previously reported by Rollin and Schmidt [6] and Myerson. [1]

Other aspects of laryngeal cysts were also studied as regards their frequency, appearance and mode of attachment. Out of eight cases, six were pedunculated whereas the remaining two were sessile. In both these cases the cyst arose from the posterior one third of the tongue. Others [7] have also mentioned sessile laryngeal cysts. Multiple cysts ranging from two to five in numbers were observed in two of our cases only. The appearance was characteristic on indirect laryngoscopic examination in almost all cases. The cyst appeared tense, shiny and yellow with blood vessels displayed prominently over it. However, in one case, where it was sessile and arose from the base of the tongue in an infant, the diagnosis could be made only after direct laryngoscopic examination. Lateral view X-ray of the neck was also helpful in localising the lesion (Fig. 1).

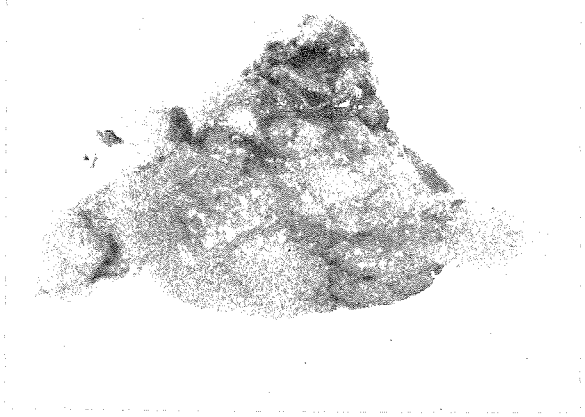

Fig. 2 Excised cyst from the epiglottis.

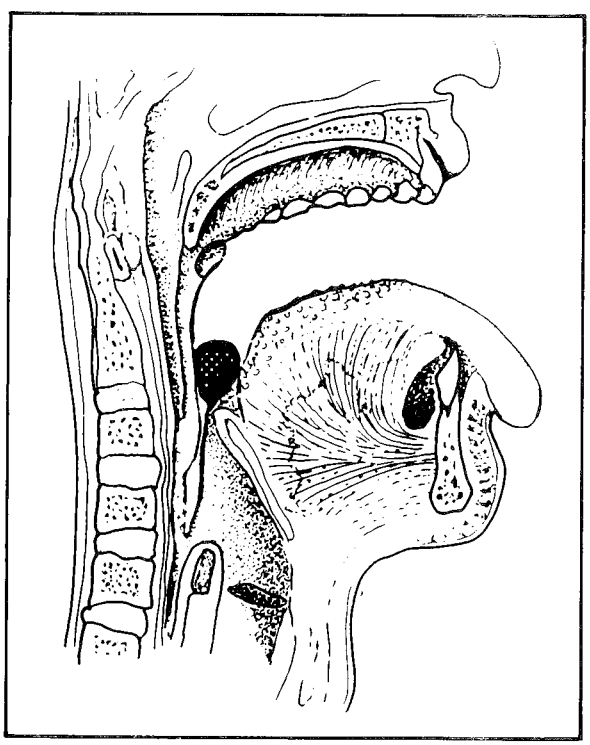

Fig. 3 Illustration showing laryngeal cyst arising from lingual surface of epiglottis.

All cases were treated successfully

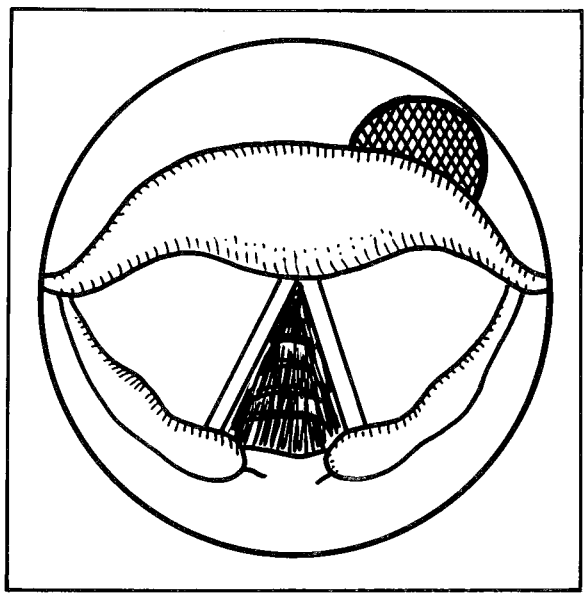

Fig. 4 Location of cyst on indirect laryngoscopic examination.

endoscopically. This procedure has also been earlier described and claimed as the best method. [2,4,6] At the same time some authors [2,4,6,] also pointed out that if the need arises one should not hesitate to adopt an external approach especially in adults. However, Van de Water [4] described an external approach in infants in one of his cases. The endoscopic approach was found to be easier for removing pedunculated cysts. Marsupilization was the effective method for sessile cysts. The base of the cyst or the remaining part of the capsule of the cyst was always cauterised. This procedure was found to be satisfactory since no recurrence was noted even after a long follow up.

Clinically and histologically the cysts (two cases) which arose from the base of tongue were thick walled whereas those from other sites were always thin walled. Histologically the laryngeal cysts are by and large retention cysts except in one where it was labelled as a dermoid cyst, this was the case where the cyst was single, sessile and arising from the base of the tongue (Case no. 5). In Algaba's [5] series, eight of the nine cases were retention cysts.

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