

Management of Vallecular Cyst Using Eve's Tonsillar Snare - A Case Report

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Abstract: A 48 years old man presented to our OPD with complaints of foreign body sensation in the throat since 3 months and change in voice since 10 days. Indirect laryngoscopy revealed a 4x3cm translucent swelling in the region of the right vallecula, obscuring the view of the larynx. Under endotracheal general anesthesia, direct laryngoscopy was done and cyst excised using Eve's tonsillar snare.

Keywords: vallecula, cyst, tonsillar snare, retention

1. Introduction

A 48 years old man presented with history of foreign body sensation in the throat since 3 months and change in voice since 10 days. Preliminary examination and indirect laryngoscopy revealed a 4x3cm translucent swelling in the region of the right vallecula, obscuring the view of the larynx and laryngopharynx. Under endotracheal general anesthesia, direct laryngoscopy was done in the Boyce's position, which showed the cystic mass arising from the vallecula. Keeping in mind the conventional modalities of treatment like marsupialisation, de-roofing etc., we decided to opt for an innovative technique for removal of the cyst, i.e. snaring.

2. Procedure

The Boyle-Davis mouth gag, used for exposure of the oropharynx for tonsillectomy, was engaged and the cyst was adequately visualized. The eve's tonsillar snare was engaged around the base of the cyst and with its characteristic crushing action, the cyst was removed. (Fig 2) Minimal bleeding from the wound was controlled with direct pressure for a few minutes. The post-operative period was uneventful and the patient was discharged on the 2nd post-operative day. On review one week later, the wound was found to have healed completely and after 6 months, no recurrence was noted.

3. Discussion

Vallecular cysts are retention cysts of the minor salivary glands in the vallecula and base of the tongue. Obstruction of the mucous glands leads to cyst formation and continued secretion leads to a corresponding increase in size of the cyst. They are asymptomatic when small in size, but large cysts may cause dysphagia and voice change. Majority of patients presenting with vallecular cysts are in the paediatric age group, most of them being infants;(1-3) in infants and children it may also present with upper aero-digestive tract obstruction and stridor. The differential diagnoses include internal thyroglossal duct cysts, dermoid cysts, lingual thyroid, teratomas, lymphangio-mas and haemangiomas. The conventional modalities of management of vallecular cyst include marsupialisation, de-roofing or excision.(4) These are done with either the CO2 laser or by electrocautery. Repeated aspiration invariably leads to recurrence of the cysts.

The technique adopted by us i.e., snaring of the cyst, is a quick and effective way of surgical removal. This procedure can be done with a set of tonsillectomy instruments. This method is safe, cost effective and the result obtained is comparable with that by the conventional techniques. Age does not restrict the method of excision and snaring is a relatively simple and inexpensive method of excision of vallecular cysts.

4. Figures



Figure 1: vallecular cyst in situ

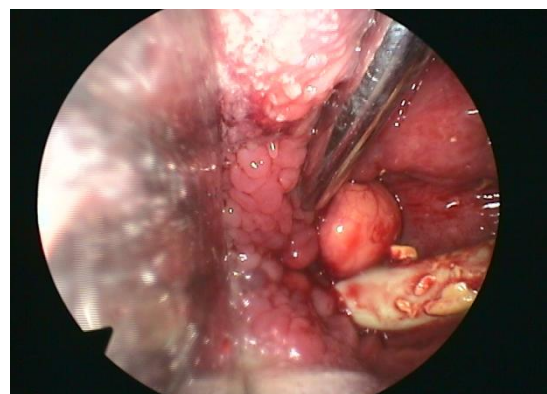


Figure 2: vallecular cyst being snared using eves tonsillar snare



Figure 3: cheesy material expressed out of specimen

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