Letters to the Editor

Neonatal Vallecular Cyst

A male full-term vaginally delivered infant born of a non-consanguineous marriage to a primi mother was brought to the referral hospital on day 25 of life with complaints of noisy breathing and respiratory distress since last 15 days. On clinical examination the baby had stridor, supra sternal/subcostal retractions, and tachypnea suggestive of upper airway obstruction. The infant was maintaining oxygen saturation in room air. Rest of general and systemic examination was normal. Direct laryngoscopic examination by ENT surgeon revealed presence of a vallecular cyst with epiglottis falling on glottic opening due to its pressure effect producing a supraglottic obstruction and stridor in the neonate. The findings were reconfirmed by fibreoptic endoscope. The cyst was excised using CO_2 laser under direct laryngoscopy; this was followed by epiglottpexy. Histopathological examination revealed cyst wall partly lined by squamous cell and partly by respiratory epithelium. The cyst wall showed presence of chronic inflammatory cells along with fibrosis. The gross impression was of laryngeal vallecular cyst of saccular type. Post-operative follow-up was uneventful.

Vallecular cyst (VC) is a rare cause of stridor in the neonatal age group(1). Vallecular cyst is usually benign in nature and presents in early infancy with stridor, respiratory distress and airways obstruction(1-3). Infants with vallecular cyst can have interrupted feeding due to distress which may lead to 'failure to thrive(1,2). Laryngomalacia is a common association(1-3). Antenatal diagnosis using ultrasound scan at around 28 wks gestations is possible which may help clinician to plan for a high risk delivery at a tertiary care center where facilities for emergency tracheostomy or surgery and ventilation of neonate are available(4). Postnataly diagnosis can be made by direct laryngoscopy with careful observation of the base of tongue(3). A fibreoptic endoscopic review of upper airway and bronchus is mandatory to rule out other causes of obstruction and associated laryngo/bronchomalacia(1,3). Excision of cyst with or without corrective surgery for laryngomalacia depending upon the severity grade is the treatment of choice(3).

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