

An Uncommon Cause of Dysphagia in the Pediatric Patient

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Figure 1: Mass at the posterior third of the tongue.

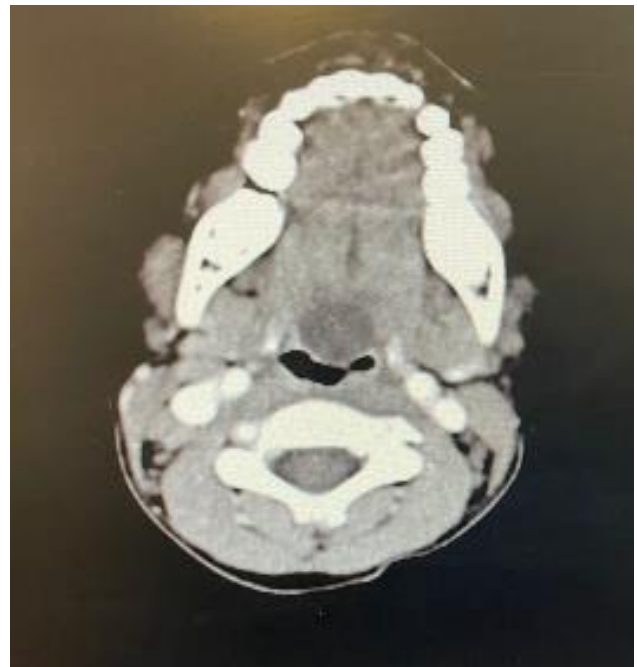


Figure 2: Axial Computed Tomography imaging showing a hypodense cystic lesion of the vallecular.

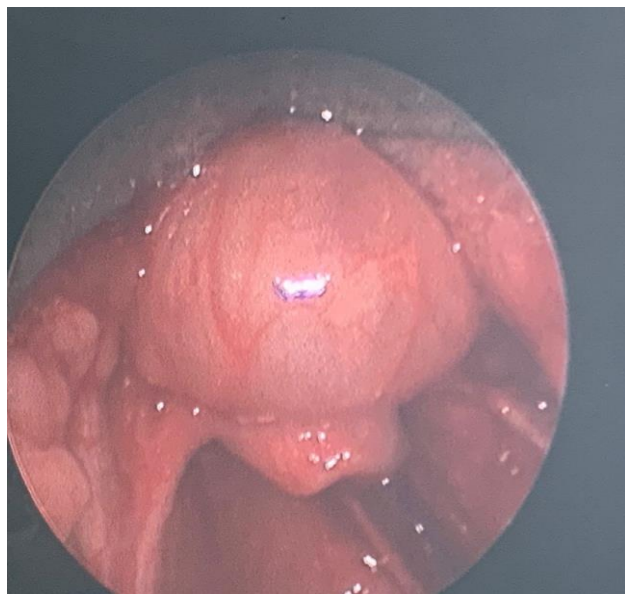


Figure 3 (A): Pre-excision view of the vallecular cyst.



Figure 3 (B): Post excision view of the vallecular cyst bed.

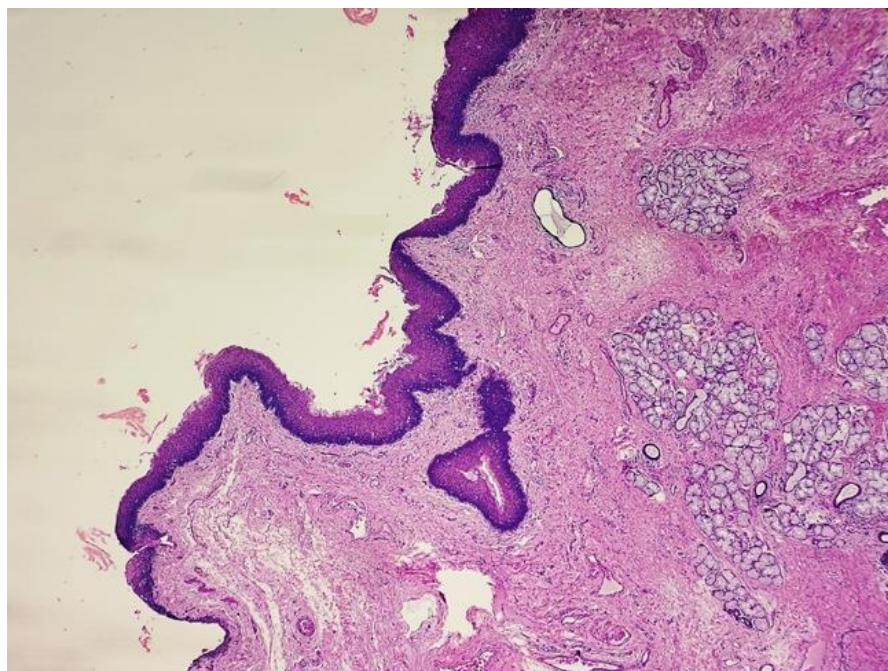


Figure 4: Histopathology showing the benign cyst lined by squamous epithelium.

Clinical Image

A 3 year old female was referred to the ENT outpatient clinic for dysphagia. The patient’s parents reported several visits to their general practitioner over a 3 month period with complaints of difficulty swallowing solids, a sensation of something in the throat and a constant dry cough. Persistence of her symptoms despite several courses of antibiotics and analgesics lead to her seeking further medical care.

On general examination the patient's body habitus was appropriate for her age. She had no stridor and her voice was normal. Oral examination revealed a mass at the posterior third of her tongue (Figure 1). Flexible nasolaryngoscopy revealed a 2.0 x 1.0 cm well defined, smooth mucosa covered mass at the base of tongue and vallecula abutting the lingual surface of the epiglottis. The patient's hematological and biochemical blood parameters were within normal limits. Ultrasonography of the patient's neck confirmed normal thyroid tissue. Computed Tomography imaging demonstrated a 2.2cm x 1.5cm well defined, hypodense cystic lesion, arising from the vallecula, displacing the epiglottis posteriorly causing mild retrolingual narrowing (Figure 2). The patient was diagnosed with a vallecular cyst.

The case was discussed with the senior anesthetist prior to general anesthesia. Nasotracheal intubation was performed and the suspension laryngoscope was passed. Using cold steel instruments and local cautery the lesion was removed en toto (Figure 3A and 3B). The patient was extubated and managed in the pediatric intensive care unit for twenty-four hours and subsequently discharged on post-operative day 3 with no significant complaints.

Histopathology confirmed the diagnosis of a vallecular cyst (Figure 4). There was no recurrence of the cystic lesion on our patient's one year follow up.