A Branchial Cleft Cyst Alters the Stage of Laryngeal Cancer

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ABSTRACT

INTRODUCTION

Objective: 1) Present a patient in whom an unrecognized 3rd branchial cleft cyst mimicked extralaryngeal spread in a biopsy-proven laryngeal carcinoma. 2) Recognize the potential for accurate staging was altered by the presence of an unanticipated, rare, benign lesion.

METHODS AND MATERIALS

Case report.

RESULTS: Our patient was staged as a T4, N0, M0 squamous cell carcinoma of the larynx prospectively based on clinical and radiographic findings. Retrograde patching pathology examination revealed a T2 lesion closely associated with a 3rd branchial cleft cyst. The tumor was found to infiltrate the pyriform sinus ductal opening. This may represent a rare route of extra-laryngeal spread for which we cannot account preoperatively.

DISCUSSION

Concurrent benign lesions of the larynx are fortunately rare in this setting of laryngeal cancer. Staging discrepancies may result from concomitant, benign lesions of the head and neck. When such lesions occur, they may alter treatment plans or may change the prognosis for a given patient. While ideally identified preoperatively, lesions such as branchial cleft cysts are nearly impossible to diagnose without surgery. Therefore, a reasonably high index of suspicion should be maintained.

REFERENCES