Thyroid chondroplastic flap for Resection of Laryngoceles

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INTRODUCTION

Laryngoceles are uncommon entities that often present as masses within the larynx and or neck. Reports regarding incidence indicate neither right nor left preponderance. The normal saccule does not extend above the superior border of the thyroid cartilage. When enlarged, the saccule gives rise to either a saccular cyst or a laryngocele. Saccular cysts are filled with serous or mucocele fluid. They may become symptomatic due to coughing, sneezing or straining or may present as a neck mass. A laryngocele is described as internal or external, depending on whether it is above or below the thyroid notch. Although internal laryngoceles have been successfully resected endoscopically, yet some surgeons still doubt the assurance of complete resection via this approach. Our cases however showed a left preponderance.

METHODS

Methods:

This study includes twenty-two tumor-free consecutive cases of large internal and combined laryngoceles performed at the Hospitals of the University of Tanta, Egypt, between January 1995 and December 2007. Diagnosis was reached via history, and clinical examination. Confirmation of the diagnosis and freedom from cancer were assured after CT scanning and direct laryngoscopy. Surgery was performed under general endotracheal anesthesia. The patient is placed supine with the neck extended and the head rotated to the side opposite the lesion.

RESULTS

Complications of CP flap.

Surgical site infection developed in one patient, necessitating secondary wound care. Airway obstruction in infants was the most common complication, requiring endotracheal intubation in two patients. There was no recurrence in the series.

DISCUSSION

Laryngoceles are uncommon entities that often present as masses within the larynx and or neck. Reports regarding incidence indicate neither right nor left preponderance. Our cases however showed a left preponderance. The normal saccule does not extend above the superior border of the thyroid cartilage. When enlarged, the saccule gives rise to either a saccular cyst or a laryngocele. Saccular cysts are filled with serous or mucocele fluid. They may become symptomatic due to coughing, sneezing or straining or may present as a neck mass. A laryngocele is described as internal or external, depending on whether it is above or below the thyroid notch. Although internal laryngoceles have been successfully resected endoscopically, yet some surgeons still doubt the assurance of complete resection via this approach. Complication eradication of externalized laryngoceles is practically impossible and the external approach is then ideal.

One limitation of the external approach was the difficulty in direct visualization of the neck of the laryngocele within the confines of the thyroid cartilage. The use of an inferiorly pedaled thyroid chondroplastic flap proved to be an excellent method for the approach. Our series demonstrated excellent and safe approach for the paraglottic space facilitating complete resection of large laryngoceles.

REFERENCE


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