Airway Management in Neonatal Lingual Thyroglossal Duct Cyst

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INTRODUCTION

Lingual thyroglossal duct cysts (LTGDCs) are rare congenital malformations with known incidence of 1:50,000 live births. Neonatal presentation with airway obstruction when presenting in the first few months of life is uncommon, with LTGDCs often presenting with symptoms of airway obstruction when presenting in the first few months of life. LTGDCs present with symptoms of airway obstruction, and the diagnosis is usually made by imaging. It is important to recognize the neonatal presentation of LTGDCs to ensure prompt diagnosis and treatment.

MATERIALS AND METHODS

Data Sources

Exclusion criteria were applied to those who were not initially intubated and diagnosed with LTGDC in the neonatal period. A variant of the most common midline congenital neck mass, LTGDCs are a rare and potentially lethal etiology of neonatal supraglottic airway obstruction. A high index of suspicion is essential during airway management in this population and their disease specific characteristics and outcomes.

RESULTS

This paper was presented with written consent from the patients and their parents. With a few exceptions during the neonatal period, the presentation to the diagnostic center was CT. A total of five cases were reviewed, all occurring in the neonatal period. Of these patients, four had immediate intubation, and one had delayed diagnosis. The support of the epiglottis and thus the LTGDC is largely muscular, and upon relaxation during induction of anesthesia, these patients have difficulty with airway management. The LTGDC in Figure 3 is prior to and Figure 12 following excision.

PURPOSE

The purpose of this paper was to present outcomes of patients presenting with LTGDC in the neonatal period and to describe the outcomes of surgical excision. The support of the epiglottis and thus the LTGDC is largely muscular, and upon relaxation during induction of anesthesia, these patients have difficulty with airway management.

POTENTIAL REOMARKS

LTGDCs are a rare and potentially lethal etiology of neonatal supraglottic airway obstruction. A high index of suspicion is essential during airway management in this population.

CONCLUSIONS

1. To recognize the neonatal presentation of lingual thyroglossal duct cysts.

2. To understand recommended techniques for perioperative airway management in neonatal LTGDCs particularly during anesthesia induction.

BIBLIOGRAPHY


