



Cyst Vallecule in Oral Cavity-An Airway Challenge

Haritma Nigam* and Saurav Kumar

Oral Medicine and Radiology, Pacific Dental College and Research Centre, Udaipur, Rajasthan, India

*Corresponding Author: Haritma Nigam, Oral Medicine and Radiology, Pacific Dental College and Research Centre, Udaipur, Rajasthan, India.

Received: August 26, 2021

Published: 7 October, 2021

© All rights are reserved by **Haritma Nigam and Saurav Kumar**.

Abstract

Laryngeal cysts, predominantly cyst vallecule are usually benign lesions which causing mild dysphagia or dysphonia. Its etiology is unknown. It is a rare presentation in adult and may obscure view for airway intubation. Prompt anticipation of difficult airway is important to reduce morbidity and mortality.

Keywords: Laryngeal Cysts; Dysphagia; Dysphonia

Vallecular cysts, also known as epiglottic mucus retention cysts or base of tongue cysts are rarest entity which arises due to obstruction and thereafter dilation of mucous gland or lingual tonsillar crypt [1,2]. It has been categorized as ductal cysts, retention cysts, and lymphoepithelial cysts. Its etiology is unknown but inflammation, irritation, or trauma can be considered as secondary causes [3]. It occurs at true vocal fold, followed by the epiglottis and vallecule [3].

Owing to the risk of airway obstruction in infants, it could be life threatening. Therefore, its immediate treatment planning should be done and removed surgically, with marsupialization via CO₂ laser or electrocautery which is considered to be the most commonly performed method for the same in order to reduce its recurrence [1,2]. Its occurrence in adults is more common than in infants but less dangerous. It is found to be predominantly in fifth decade of life and amongst males. Its epidemiological status is about 1 in 1,250 to 1 in 4,200. Almost two-thirds of vallecular cysts are asymptomatic and are diagnosed coincidentally on routine laryngeal examination [3]. Patient will be dysphagic to both

solids and liquids, may complain of difficulty while speaking as well and hoarseness of voice. Differential diagnoses of voice difficulty, odynophagia and dyspnea. Managing vallecular cysts via direct laryngoscopy and excision may lead to resolution of symptoms.

Bibliography

1. G Berger., et al. "Adult vallecular cyst: thirteen-year experience". *Otolaryngology* 138.3 (2008): 321-327.
2. JP Gutierrez., et al. "Vallecular cysts in newborns and young infants". *Pediatric Pulmonology* 27.4 (1999): 282-285.
3. C Arens., et al. "Clinical and morphological aspects of laryngeal cysts". *European Archives of OtoRhino-Laryngology* 254.9-10 (1997): 430-436.

Volume 2 Issue 11 November 2021

© All rights are reserved by **Haritma Nigam and Saurav Kumar**.