CONGENITAL LATERAL FISTULAE
ON THE NECK IN 8-YEARS GIRL

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Summary

Introduction. Congenital lateral fistulae, the anomaly of the branchial second cleft derivatives is the most common anomalies of branchial apparatus (1, 3, 4).

Material and methods. In Department of Pediatric Otolaryngology Medical University of Warsaw 8-years girl was treated because of the congenital lateral fistulae. The ultrasound image of the neck and radiography with barium (into the external opening) was done.

Results. The surgical procedure was performed in general anesthesia. The excision of whole duct of fistulae through the two incisions was made. No recurrence was observed.

Conclusions. 1. The complete excision of the entire fistulae duct is preferable treatment of choice. 2. The surgery procedure should be done as soon as possible before inflammation occurs because of high risk of adhesions (5).

Key words: congenital fistulae on the neck, branchial anomalies, children

INTRODUCTION

Congenital lateral fistulae is the anomaly of the branchial second cleft derivatives. There are the most common anomalies of branchial apparatus (1, 3, 4). The external opening of the fistulae is on the 1/3 lower part of the neck on anterior border of the sternio-mastoid muscle. The internal opening (not ever observed) is in the fossa of tonsillae palatine. The duct of fistulae goes between the external and internal carotid artery and above the hypoglossal and glosso-pharyngeal nerve (1).

MATERIAL AND METHODS

In Department of Pediatric Otolaryngology Medical University of Warsaw 8-years girl was treated because of the congenital lateral fistulae.

The external opening of the fistulae was on the neck, above the clavicle, on anterior border of the right sternio-cleido-mastoid muscle. Since early childhood the parents occasionally observed the discharge from the external opening of the fistulae. It was clear and no pus and unpleasant smell was noticed. The girl never had high fever because of this discharge. She never presented inflammatory swelling of the neck, dyspnea and dysphagia.

The ultrasound image of the neck and radiography with barium (into the external opening) was done.

RESULTS

The ultrasound image showed a duct of the fistulae diameter 2-3 mm going to the top of the neck and penetrating deeply into the soft tissue. The radiography with barium showed the duct of the fistulae going to the palatine tonsil on the right (fig. 1). On the figure 2 is shown barium in the pharynx and next in esophagus. No elevated inflammation parameters was detected in blood tests.

Fig. 1. The duct of fistulae.

The surgical procedure was performed in general anesthesia. The excision of whole duct of fistulae through the two incisions was made: first incision around the external opening on the neck and second on the level of the larynx. The fistulous duct was 8 cm long. Liga-
Congenital lateral fistulae on the neck in 8-years girl

A 8-year-old girl presented with a lateral neck mass. The fistula tract was located near the palatine tonsil, but tonsillectomy was unnecessary due to the lack of a history of tonsillitis (1). The histological check identified a cystis branchiogenes. No recurrence was observed with the mean follow-up of 11 months (3).

CONCLUSIONS

1. The complete excision of the entire fistulae duct is preferable treatment of choice.
2. The surgery procedure should be done as soon as possible before inflammation occurs because of high risk of adhesions (5).

References


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