**INTRODUCTION**

Laryngeal saccular cysts account for a rare benign disease caused by atresia of the orifice of the laryngeal saccule or by retention of mucus from the ventricle’s submucosal glands. It may be congenital or acquired. Acquired cases may have their origins in prolonged orotracheal intubation or laryngeal surgery. Laryngeal saccular cysts are among the causes of laryngeal stridor in neonates and make up the differential diagnosis roster against laryngomalacia, vocal fold paralysis, congenital subglottic stenosis, laryngeal web, and laryngocele. It may severely compromise airways. However, some 50% of the cases are asymptomatic and are found only during autopsy.

This case report aims to show the relevance of saccular cysts in the differential diagnosis of neonates with laryngeal stridor, describe the treatment and the evolution of the patient.

**CASE PRESENTATION**

The patient is a full-term neonate, born from a Cesarean section, presenting signs of distress and meconium aspiration (Apgar 6, 8 and 9). Right after birth the patient showed signs of respiratory discomfort and meconium aspiration (Apgar 6, 8 and 9). Right after birth the patient showed signs of respiratory discomfort and meconium aspiration.

The classical treatment for saccular cysts is endoscopic surgery. In 1978, Hollinger LD, Barnes DR, Smid LJ, Holinger PH. Laryngocele and saccular cysts. Ann Otol Rhinol Laryngol. 1986;48(3):150-5.

**DISCUSSION**

Although there are similarities between saccular cysts and laryngocele, cysts do not contain air and do not connect to the laryngeal lumen, as is the case with laryngocele. Cysts may cause dyspnea, dysphagia, and laryngeal stridor. Patients need to be examined endoscopically and additionally by imaging if a firm diagnosis cannot be reached.

The child progressed well after surgery, and the tracheostomy cannula was removed seven days into postoperative care. Nasal endoscopic examination done thirty days after surgery showed no signs of cyst recurrence.

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