A Hypopharyngeal Ductal Cyst Masquerading as a Laryngopharyngeal Reflux Disease

Ji-Youngh Choi · Jung-Hae Cho · Young-Hoon Joo · Dong-Il Sun

Department of Otorhinolaryngology-Head and Neck Surgery, The Catholic University of Korea College of Medicine, Seoul, Korea

INTRODUCTION

Benign tumors of the hypopharynx are very rare, with the most common two being the fibrolipoma and leiomyoma. The ductal cysts are mucous retention cysts that develop after obstruction of the collecting ducts of the submucosal glands. Although the oral cavity or larynx are often involved, hypopharyngeal localization is extremely rare. We report a new case of a ductal cyst that developed on the lateral wall of the pyriform sinus of the hypopharynx. There was a delay in the diagnosis because no mass-like lesion was found with routine fiberoptic laryngoscopic examination.

CASE REPORT

A 64-year-old man presented with a four-year history of globus sensation. He was referred for intractable symptoms despite having taken reflux medication for two months. Despite continued medication, his symptoms developed to dysphagia, even when swallowing liquid. He denied hoarseness or dyspnea. His medical history included a transurethral resection for bladder cancer 3 years previously. He had experienced weight loss of 3 kg over the previous 2 months. On his first presentation, flexible fiberoptic laryngoscopy showed pooling saliva, but no mass-like lesion in the hypopharynx. Vocal fold mobility was intact. The patient underwent a double-contrast pharyngoesophagogram due to persistent symptoms. An ovoid submucosal mass with a smooth contour in the left pyriform sinus was revealed (Fig. 1A). Subsequently, computed tomography (CT) scans showed a 3×4 cm mass with central low attenuation in the left hypopharynx (Fig. 1B, C). With the patient under general anesthesia, the lesion was removed via direct laryngoscopy using a microdissection electrode. The mass originated from the lateral wall of the pyriform sinus. It appeared as a pedunculated mass with a smooth, well-encapsulated surface. It was removed by means of submucosal dissection with the microelectrode. The resected specimen consisted of a 2×3×4 cm cystic mass with proteinaceous fluid (Fig. 2A). Histologic examination showed a true epithelial-lined cyst consisting of cuboidal epithelium (Fig. 2B). The final diagnosis, made by a pathologist, was a ductal cyst of the hypopharynx. Postoperative recovery of the patient was uneventful. The patient was free of symptoms.
after one month. Five years of follow-up showed no tumor recurrence and normal swallowing.

DISCUSSION

Benign hypopharyngeal cysts have rarely been reported in the English language literature. Therefore, the incidence of hypopharyngeal cysts is uncertain. In particular, ductal cysts of the hypopharynx are very rare. DeSanto et al. [1] reported that the ductal cyst is one of the two most common types of cysts in the larynx. Ductal cysts are caused by dilatation and obstruction of mucous gland ducts. Pathologically, the epithelium-lined cyst wall consists of a uniform layer of cuboidal, columnar, or non-keratinizing squamous epithelium. Ductal cysts usually are slow-growing and painless, appearing as a circumscribed and often fluctuant swelling. The presence or absence of symptoms in patients with benign pharyngeal masses is directly related to the size and location of these lesions.

In our case, we missed the mass at the patient’s first visit. Despite intractable globus symptoms, we could not find any specific abnormality in the larynx or hypopharynx by routine fiberoptic laryngoscopy. A number of techniques have been suggested to improve the view of the hypopharynx with flexible fiberoptic laryngoscopy. One such technique is letting the patient sustain high-pitch phonation or perform a modified valsalva maneuver. Hillel and Schwartz [2] suggested performing a trumpet maneuver to fully visualize the pyriform sinus and the postcricoid region. In addition, Purser and Antippa [3] reported that manual anterosuperior traction applied to the prelaryngeal skin results in a useful view of the hypopharynx.

When nothing can be detected despite multiple laryngoscopic methods during outpatient examination in dysphagia patients, double contrast pharyngoesophagography may be useful for evaluating both the structure and the function of the hypopharynx and other organs involved in swallowing [4]. Benign lesions typically appear as small, round or ovoid, well-circumscribed, smooth-surfaced submucosal masses etched in white, best visu-
ализованных на фронтальных видах глотки. Эти результаты позволяют исключить дальнейшее исследование, если симптомы не являются серьезными для удаления. CT или магнитно-резонансная томография (MRI) полезны при определении распространенности и локализации кист и для дифференциации от злокачественных опухолей. Большинство гипофарингеальных опухолей являются слизистыми карциномами. Поэтому гипофарингеальные узлы следует отличать от злокачественных опухолей. Нашему пациенту был диагностированся трансформационный рак мочевого пузыря. Он прошел эндоскопическое удаление пяти раз для рецидивов рака мочевого пузыря. Следовательно, мы включили метастатический узел в список возможных диагнозов перед операцией.

Общепринято, что узлы, не вызывающие симптомов, не требуют удаления. Большие узлы или те, которые вызывают дисфагию, должны быть удалены. Лечение гипофарингеальных кист зависит от их размера [5]. Удаление небольших кист относительно простое, и многие из этих кист могут быть удалены через эндоскопический микрорадиохирургический доступ. Анастомозирование может быть достаточным, и может быть необходимо уменьшить размер большого кисты, прежде чем полностью удалить его. Мы успешно удалили протоковую кисту у нашего пациента с помощью микроэлектродов под прямым глюкотоскопическим контролем. Микроэлектроды полезны при резекции глоточно-фарингеальных масс с хорошей гемостазией [6]. Тissue damage is no greater than with CO2 laser injury [7].

Мы рекомендуем, что при наличии неприемлемых глобус симптомов, тщательное физическое обследование с использованием гибкого ларингоскопа и радиологических исследований, таких как двойной контрастный глоточно-эзофагоскоп, CT, или MRI должны быть выполнены для исключения других доброкачественных или злокачественных образований.

CONFLICT OF INTEREST

Нет потенциальных конфликтов интересов, связанных с данной статьей.

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