Answers to Medical Quiz

ANSWERS

1. A 4 x 3.0 x 3.5 cm air filled structrue is noted at the level C3 and C4 vertebral bodies on the left. It lies on the soft tissues of the neck and the level of the upper larynx, slightly higher than the level of the laryngeal ventricle and is superimposed on the pyriform fossa on the lateral film. It extends beyond the lateral margin of the thyroid cartilage. Incidentally noted is a tracheostomy tube and hypertrophic changes of the lower cervical spine.

2. External type laryngocoele.

3. Surgical excision

4. a: vallecula; b: pyriform fossa c: right ala of the thyroid cartilage

Laryngocoele is an air filled sac arising from the appendix at the upper end of the laryngeal ventricle. Abulcasim is merited with the 1st description of this entity in the 11th century. Persistent increase in intralaryngeal pressure such as occurs for instance, in pipe blowing is the thought to be the most common predisposing factor. Its classified into internal, external and mixed types. The internal type is contained within and the external beyond, the thyrohyoid membrane. The mixed type consists of communicating air sacs on both sides of the thyrohyoid membrane.

The symptoms depend on the type of the laryngocoele and if infected or not. The external type produces a compressible mass in the subcutaneous tissues of the neck which moves with the larynx on swallowing Gurgling and hissing in the throat may be produced when the mass is compressed. If infected, there may be productive cough. If the opening of the laryngocoele gets obstructed, mucocoele or pyocoele may form. The pyocoele will be associated with fever and pain especially on swallowing. Frontal and lateral films of the neck are usually diagnostic, but there may be difficulty especially in small internal laryngocoele, and/or when the air in the laryngocoele was replaced by secretions. Frontal and lateral plain films of the neck during valsalva maneuver are usually diagnostic. Contrast studies of the larynx and upper oesophagus are not always required.

Treatment is reserved for the symptomatic and/or large external laryngocoeles, and is usually surgical excision. Small internal laryngocoeles may subside once the causative factors were removed.

REFERENCES

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