

A CASE OF BRANCHIAL FISTULA

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ABSTRACT

Branchial Fistula is due to Persistent Precervical Sinus between 2nd Branchial Cleft and 5th Branchial Cleft having Opening in the skin at lower 1/3rd of neck on the inner margin of Sternocleidomastoid muscle

KEYWORDS :**INTRODUCTION**

Branchial Fistula is due to Persistent Precervical Sinus between 2nd Branchial Cleft and 5th Branchial Cleft having Opening in the skin at lower 1/3rd of neck on the inner margin of Sternocleidomastoid muscle.

CASE REPORT

This is a single case study of a patient who was admitted in Kims amalapuram,

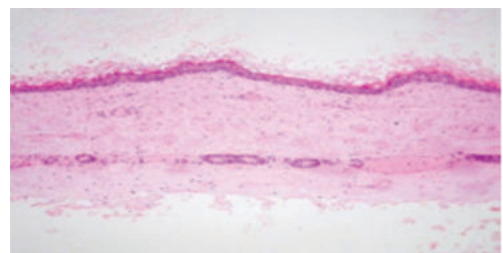
CASE

A 22 year old male presented with chief complaints of intermittent serous discharge from left Anterolateral aspect of neck since 5 years. On Examination, Sinus Opening noted over Lower 1/3rd of neck near Anterior border of Sternocleidomastoid.

Clinically and Radiologically Diagnosed as Brachial Fistula.

Operative Procedure

Surgical Excision of the Fistula was done and Internal Opening was present near Posterior Pillar of Fauces behind the tonsil. HPE revealed it as Branchial Fistula

**DISCUSSION**

Branchial arches are ectoderm-lined clefts which develop from the branchial apparatus as a part of a series of arches, pouches, and grooves which extend into the oral cavity. During embryonic development, as the second arch grows caudally, it fuses with the 3rd and 4th arches to form a deep groove before joining the skin as an external opening, thereby being termed cervical sinus. Persistence of this fistula is often due to the breakdown of endoderm during embryogenesis, and this forms a tract to the skin at the junction of lower 1/3rd and upper

2/3rd of the anterior border of the sternocleidomastoid of the affected neck. It may be unilateral or bilateral. Tract is lined by ciliated columnar epithelium. Complete excision of the tract should be done to avoid recurrence.

CONCLUSION

A Case of Branchial Fistula presenting as Discharging Sinus over lower 1/3rd of neck, Surgical Excision was done and it was Confirmed as Branchial Fistula in Histopathology. No Recurrence was seen at the end of follow up.

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