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BRONCHOGENIC CYSTS PRESENTING AS NECK SWELLING IN GERIATRIC PATIENT : A RARE FINDING.

General Surgery

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ABSTRACT

Bronchogenic cysts are developmental anomalies arising from abnormal budding of the primitive foregut during embryonic development. Although these cysts are commonly found in the mediastinum, their occurrence in the neck is rare. We present a case of a bronchogenic cyst presenting as a neck swelling in a [73]-year-old female patient. The patient sought medical attention due to the gradual development of a painless, progressively enlarging mass in the neck. Diagnostic imaging, including USG NECK, revealed a ? MATTED LYMPHNODE . Further investigation and aspiration of the lesion were performed, suggestive of metastatic carcinoma in the midline of the neck. Surgical excision was undertaken, leading to the successful removal of the mass. Histopathological examination confirmed the diagnosis, revealing characteristic features consistent with a bronchogenic cyst. The patient's postoperative course was uneventful, and follow-up examinations demonstrated resolution of symptoms. This case underscores the importance of considering bronchogenic cysts in the differential diagnosis of neck swellings, especially when encountered in atypical locations. Timely recognition and appropriate intervention are crucial for optimal patient outcomes. The unique presentation of a bronchogenic cyst as a neck swelling further contribute to the diverse clinical manifestations of this rare congenital anomaly.

KEYWORDS

Bronchogenic Cysts, Geriatric Age Group, Surgical Excision

INTRODUCTION

Bronchogenic cysts, remnants of abnormal embryonic development, are typically associated with the respiratory system, originating from foregut tissues during the early stages of embryogenesis. However, their occurrence in midline neck structures represents a distinctive and intriguing subset of anomalies that necessitates a thorough understanding due to its rarity and unique clinical implications.

Case Presentation

A 73-year-old female patient, presented with left-sided neck swelling associated with mild dysphagia. The patient had symptoms for the preceding 4 months. On examination, a diffuse hard swelling was felt over left sub mandibular region till the left supraclavicular region. The rest of the head and neck examination was normal.(fig.1).

Diagnostic Challenges

Imaging Studies

An ultrasonogram revealed a mixed echogenic mass in left of midline of neck 7 * 5.2 * 7.8 cm. Mass shows embedded hypoechoic lesions of size 20-22 mm, also showing calcified focus with peripheral vascularity S/O? MATTED LYMPHNODES

Fine Needle Aspiration (FNA)

Fine needle aspiration cytology showed stained smears from lump reveals hemorrhagic aspirate mixed with thin & thick mucin with scattered small clusters of monomorphic round cells. The cells have large nuclei with scanty rim of eosinophilic cytoplasm. No cytoplasm border is discernable. There are few binucleated cells are also seen. Impression suggestive of Metastatic Carcinoma

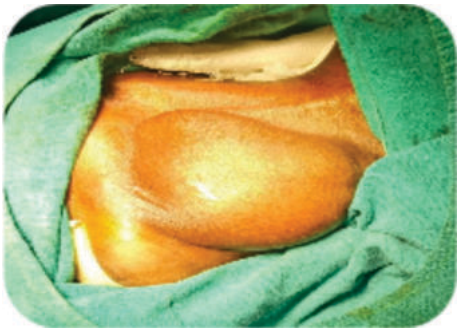

Fig.1. Pre Operative Image

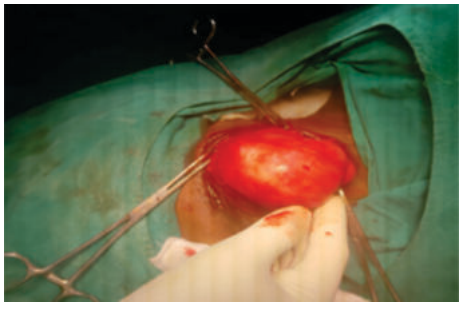

Fig.2. Intra Operative Image

Management

Given the uncertainty in diagnosis and the persistent nature of the mass, surgical excision was planned

Surgical Intervention

Complete surgical excision was performed, ensuring removal of the cyst along with its associated wall to prevent recurrence. Surgical excision of the cervicothoracic cyst was performed through a lower neck crease incision. Intraoperative findings revealed a cystic mass with thick walls deep to the carotid, between the trachea and great vessels. The patient recovered well postoperatively, with no recurrence during the follow-up period. Respiratory function remained unaffected.

Histopathological Examination

Histopathological analysis revealed fibro collagenous stroma with multiple cysts, lined by ciliated pseudostratified columnar cells. Cyst wall shows areas of hyaline cartilage, bone tissue & lymphoid follicles with areas of fibrosis, suggestive feature of bronchial cysts.

Follow-up

The patient recovered well postoperatively, with no recurrence during the follow-up period. Respiratory function remained unaffected.

DISCUSSION

This case highlights the challenges in diagnosing bronchogenic cysts in midline neck structures and underscores the importance of considering such rare anomalies in the differential diagnosis of midline neck masses in geriatric age groups.

CONCLUSION

Despite being rare, bronchogenic cysts must be considered in the differential diagnosis of all adults who present with cystic neck masses. This case presented with three unusual elements: geriatric female, lateral cervical location, and presence of symptoms

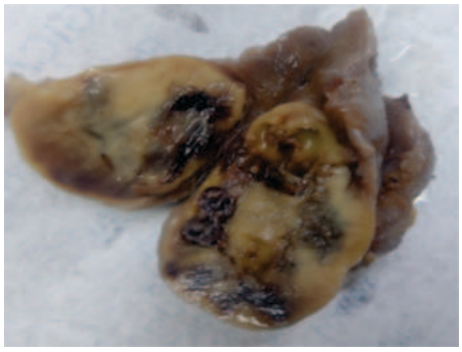

Fig.3.Excised Specimen Image

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