Role of speech therapy for recurrent laryngeal saccular cyst in adult: A case report

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SUMMARY

A saccular cyst of the larynx is a mucous-filled dilatation of the laryngeal saccule, located between false vocal cords and thyroid cartilage which can be congenital or acquired. It is found to be more prevalent in children which may present with alarming symptoms of airway obstruction as compared to cough and mere voice change in adults. Recurrence of cyst following marsupialization is common and complete surgical removal is the mainstay treatment. We report here a case of recurrent laryngeal saccular cyst which improved with speech therapy. A 28- year-old lady presented with hoarseness and voice fatigue for two months preceded by cough and fever without any upper airway obstruction, dysphagia or voice abuse. Fibreoptic laryngoscopy revealed a globular mass over the right false cord with patent airway. Computed tomography (CT) of the neck revealed a hypodense right vocal cord lesion measuring 1.9 x 1.9 x 2.4 cm displacing right thyroid cartilage laterally. Patient underwent marsupialization of the cyst which drained brownish liquid content. Her hoarseness was briefly resolved until six weeks later when her voice worsened. Examination and repeated CT imaging/scan showed similar lesion over the same site. Patient refused for an excision of the recurrent cyst and was referred for speech therapy. After a few courses of speech therapy, she regained her near normal voice with no obvious cyst endoscopically. To the best of our knowledge, there are no reported cases that includes speech therapy as a treatment of recurrent saccular cyst. Most of the literatures suggested endoscopic or external surgical excision as the treatment of choice for recurrence. Therefore, further studies are needed to evaluate the role of speech therapy in recurrent cases.

Rare chemotherapy-related tracheoesophageal fistula secondary to lymphoma

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SUMMARY

Tracheoesophageal fistula (TEF) is a rapidly fatal condition where patients usually succumb to death from intractable aspiration pneumonia. Acquired TEF due to neoplastic processes are commonly associated with primary oesophageal or pulmonary carcinoma and it usually develops during or after completion of radiotherapy with/without chemotherapy. Here we report a rare case of post chemotherapy TEF secondary to Hodgkin lymphoma.A 27-year-old lady without any underlying medical condition, presented with diffuse painless neck swelling for 3 months. The mass was progressively increasing in size, associated with low-grade fever, progressive dysphagia, and shortness of breath. Clinical examination revealed a diffuse cervical lymphadenopathy, which was confirmed by a contrasted computed tomography (CT) of the neck. There was also diffuse mediastinal lymphadenopathy. The diagnosis of Hodgkin lymphoma was established from the core needle biopsy of the cervical lymph node. No staging of disease was done for this patient. She was started on a chemotherapy regime consisting of Adriamycin, bleomycin, vinblastine and dacarbazine (ABVD). After second cycle of chemotherapy, she developed multiple episodes of aspiration pneumonia with choking, needed intubation to protect the airway. A massive tracheoesophageal fistula of 2 cm in length, 1.2cm in diameter was detected at the level of C7 from endoscopic esophagoscopy and CT of the neck. After intubation, she was managed conservatively with intravenous antibiotics, feeding gastrostomy and anti-sialagogue but to no avail. Endoscopic insertion of dual stentings for both oesophagus and trachea was performed to provide structural support to maintain luminal patency and to seal the fistula. Tracheal stent was used as well because there was mass effect on the trachea from mediastinal nodes. She recovered from pneumonia gradually and remained asymptomatic with normal oral intake after completion of chemotherapy. Acquired TEF is a rare complication associated with Hodgkin lymphoma and chemotherapy. The exact mechanism of chemotherapy in the formation of TEF is still not fully understood. Dual stenting with airway and oesophageal stent insertion is proven to be safe and effective in managing TEF. It improves quality of life and survival of its patients as well.