**Título:** AIRWAY APPROACH TO AN UNEXPECTED GIGANT VALLECULAR CYST IN AN INFANT

**Autores:** Ana Marta Pinto, Valter Rocha, Catarina Costa, Maria Rui Loução

**Instituições:** Centro Hospitalar de Entre Douro e Vouga

**Área Terapêutica/Tema:** Manejo da Via Aérea (Airway Management)

**Resumo:**

Background: Vallecular cysts are a rare cause of upper airway obstruction in children and have high incidence of recurrence (1). They present with respiratory or feeding complications at a small age. Depending on size and airway obstruction they can be life threatening, complicating ventilation, airway visualization and intubation (2). This case report describes the airway approach of a large asymptomatic vallecular cyst diagnosed in an infant during induction of general anaesthesia for an elective ENT procedure.

Case Report: A 9-year-old male, 37 kg, ASA I, Mallampati I, with no airway symptoms besides roncopathy, proposed for elective amigdalectomy. We performed IV induction and there was difficulty ventilating with face and laryngeal mask. Direct laryngoscopy revealed a large mobile vallecular cyst obstructing the airway. We were able to insert a 5,5 cuffed tube by dislocating the cyst laterally with the laryngoscope blade. The surgeon drained the cyst and surgery was postponed. Two months later the patient was rescheduled and he presented recurrence as seen in the preoperative MRI. Intubation was similar to the previous one and the surgical team removed the cyst. There were no complications postoperatively and the patient is still followed by the ENT surgeons since it has high recurrence rate.

Discussion: Stridor, increase work in breathing, chest wall retraction, cyanosis, apnoea or failure to thrive are frequent symptoms in large obstructing airway cysts. These symptoms can also be attributed to amygdaline hypertrophy, as our case has shown. When performing airway evaluation one must anticipate difficulty and be aware of rare cases such as this. Another possible approach was fibroscopy but due to the patient’s age, collaboration was expected to be low.

Learning points: Anaesthesiologists are responsible for airway management. This case gives you insight on how to manage a rare but recurrent airway anomaly. These cysts occur in infants as in adults and they can be asymptomatic. Knowing about their existence can make you change your airway approach and anticipate difficulties if your patient has vallecular cyst history.

References:

(1) J Laryngol Otol 1987; 101:833-7

(2) Eur J Pediatr 2000; 159:79-81

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_