## C63

## A large epiglottic cyst on videofluoroscopic swallowing study

Sung-Hwa Ko<sup>1\*†</sup>, So Jung Kim<sup>1</sup>, Ju Hynn Son<sup>1</sup>, Eui-Suk Sung<sup>2</sup>

Pusan National University Yangsan Hospital, Department of Rehabilitation Medicine <sup>1</sup>, Pusan National University Yangsan Hospital, Department of Otorhinolaryngology<sup>2</sup>

A 49-year-old man with Wernicke's encephalopathy visited our hospital to manage general weakness. His weight was reduced more than 10 kg in recent months and his body mass index was 14.5kg/m2. He reported dysphagia with solid and liquid diets with residual sensation and aspiration symptom. He was referred to our dysphagia clinic to perform videofluoroscopic swallowing study (VFSS) for evaluation. Before starting the VFSS, large cyst like lesion was observed at vallecular space in lateral view (Figure 1). On VFSS, the lesion was movable and caused dysphagia. During swallowing, the cyst was going through the upper esophageal sphincter to enter esophagus and disturbed the passage of foods. It also interfered folding of the epiglottis and resulted in residue in vallecular space and it caused aspiration during swallowing in liquid diets(Video 1, Figure Neck computed tomography imaging and laryngoscopy revealed a giant epiglottic cyst (Figure 3). Surgery was done to remove the epiglottic cyst and the cyst was measured about 40mm in diameter. Follow-up VFSS was performed on postoperative day 4. On VFSS after surgical resection, oropharyngeal movement showed almost normal and dysphagia was nearly resolved (Video 2). Epiglottic cysts in adults are relatively rare lesion. The pathophysiology of acquired laryngeal cysts is thought to be associated with chronic mucosal inflammation, resulting in the obstruction and dilatation of mucus ducts. Many of the laryngeal cysts are usually asymptomatic, but the presenting symptoms vary according to their size and location. Large laryngeal cyst may present with foreign-body sensation, voice change, dysphagia or dyspnea. Surgical resections should be considered in patients with dysphagia or dyspnea.



Fig 1. A cyst like lesion was observed in fluoroscopy.

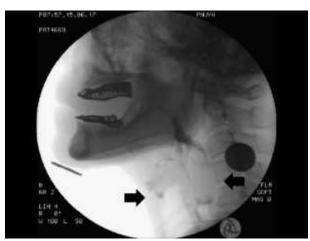


Fig 2. The cyst was going through the upper esophageal sphincter to enter esophagus and caused dysphagia

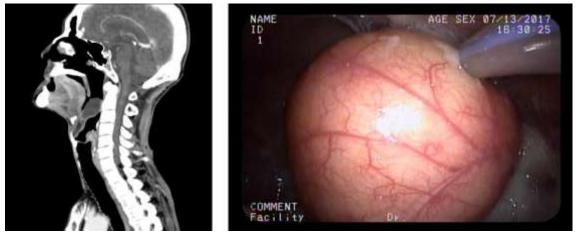


Fig 3. a) An oval shape epiglottic cyst on sagittal neck computed tomography b) Laryngoscopic view of a giant epiglottic cyst.