



BRIEF COMMUNICATION

Cysts in the Posterior Triangle of the Neck in Adults[☆]



Beatriz Brea-Álvarez,^{a,*} Amaya Roldán-Fidalgo^b

^a Servicio Radiodiagnóstico, Hospital Universitario Puerta de Hierro-Majadahonda, Majadahonda, Madrid, Spain

^b Servicio Otorrinolaringología, Hospital Universitario Puerta de Hierro-Majadahonda, Madrid, Spain

Received 8 February 2014; accepted 26 February 2014

KEYWORDS

Lymphatic malformations;
Thyroid cancer;
Branchioma;
Doppler ultrasound;
Magnetic resonance imaging findings

Abstract Cystic lesions of the posterior triangle are a pathologic entity whose diagnosis is made in the first two years of life. Its presentation in adulthood is an incidental finding and the differential diagnosis includes cystic lymphangioma, lymphatic metastasis of thyroid cancer and branchial cyst. Often with the finding of a cervical lump, FNA is made before diagnostic imaging is performed, however, this procedure is not always advisable. We reviewed the cases of patients who came last year to our department with a cystic mass in this location and correlating the imaging findings with pathologic specimen.

We show characteristic findings of these lesions in order to make an early diagnosis and thus to get the approach and treatment appropriate of adult patients with a cystic lesion in the posterior cervical triangle.

© 2013 Elsevier España, S.L.U. and Sociedad Española de Otorrinolaringología y Patología Cérvico-Facial. All rights reserved.

PALABRAS CLAVE

Linfangioma;
Cáncer de tiroides;
Quiste branquial;
Ecografía;
Resonancia magnética

Quistes en el triángulo cervical posterior en adultos

Resumen Las lesiones quísticas del triángulo posterior forman una entidad patológica cuyo diagnóstico se realiza en los 2 primeros años de vida. Su presentación en la edad adulta es un hallazgo ocasional y su diagnóstico diferencial incluye el linfangioma quístico, las metástasis linfáticas del cáncer de tiroides y el quiste branquial. Con frecuencia, ante el hallazgo de una tumoración cervical se realiza PAAF previa a la imagen diagnóstica, sin embargo, este procedimiento no siempre es el aconsejable. Hemos revisado los casos de pacientes que acudieron en este último año a nuestro servicio con lesiones en esta localización correlacionando los hallazgos de imagen con los resultados anatomopatológicos.

[☆] Please cite this article as: Brea-Álvarez B, Roldán-Hidalgo A. Quistes en el triángulo cervical posterior en adultos. Acta Otorrinolaringol Esp. 2015;66:106–110.

* Corresponding author.

E-mail address: beatrizbreaalvarez@yahoo.es (B. Brea-Álvarez).

Mostramos los hallazgos de imagen característicos de estas entidades con el fin de realizar un diagnóstico precoz que permita el abordaje y tratamiento adecuado del paciente adulto con una lesión quística en el triángulo cervical posterior.

© 2013 Elsevier España, S.L.U. and Sociedad Española de Otorrinolaringología y Patología Cérvico-Facial. Todos los derechos reservados.

Introduction

The presence of a completely cystic lesion in the posterior triangle of the neck in adults is an uncommon finding. In overall evaluation of cystic lesions of the neck, the most common lesions are cysts of the thyroglossal duct, followed by branchial cleft cysts and lymphangiomas.¹ In a study of lesions of the posterior triangle of the neck the most common are associated with the accessory spinal chain. Therefore, inflammatory or metastatic adenopathies and lymphomas represent the most common lesions, and usually appear as solid lesions or, to a lesser extent, with central necrosis. Congenital lesions are the next most common, such as branchial cleft cysts, lymphangiomas and hemangiomas, and tumours such as lipomas and neurofibromas.^{2,3}

Uniting these 2 elements, the most frequent cystic lesions in the posterior triangle of the neck would be lymphangiomas and branchial cleft cysts of the third arch. Despite the fact that adenopathies are the commonest group of lesions, they would not be included amongst cystic lesions as this form of presentation is rare.

Furthermore, branchial cleft cysts and lymphangiomas are congenital lesions. Third arch cysts appear in childhood and young adulthood, whereas lymphangiomas present in 80%–90% of cases in the under twos.

Therefore it is extremely rare to find the appearance of a complete cystic lesion in the posterior triangle of the neck in an adult. Nonetheless, we have found 4 adult patients with lesions of these characteristics in the past year, which lead us to undertake a study with a view to establishing a differential diagnosis in this clinical situation.

Methods

This is a retrospective study of 4 patients who presented at our department because they had ‘‘discovered a lump in the lower region of the neck’’. None of the patients had a clinical history. They all underwent a CT scan and an ultrasound study which included a Doppler test and 2 underwent complementary MR imaging.

The lesions were classified according to their structure into uni vs multilocular, whether septated or not, thin (less than 2 mm)/thick walled and the presence or not of enhancement. According to their content in simple (anechogenic) or complex (with fine echoes) cysts. The septa were defined as vascular or avascular according to the Doppler ultrasound test findings.

The radiological findings were correlated with the anatomopathological findings after surgical removal in the 4 cases.

Results

All the patients were young adults (23–37 years of age) who presented with symptoms of a painless mass in the neck of recent onset and with no signs of swelling in the lower region of the neck. None of the patients had a clinical history of interest. They all underwent CT and ultrasound scan which showed cystic lesions in the posterior triangle of the neck. However the structural pattern (in the 3 techniques), and the Doppler ultrasound test were different (Table 1).

Case 1 was a 34 year-old male. CT scan with IVC showed a right-sided multilocular lesion, well-defined with slightly thickened walls which presented moderate enhancement after contrast. The ultrasound confirmed the cystic nature of the lesion and absence of flow was confirmed in the Doppler test. The patient was operated and the anatomopathological study concluded a cystic lymphangioma.

Case 2 (Fig. 1) was another male aged 25. CT scanning showed a septated cystic lesion. On the ultrasound the mass had thick walls with intense vascularisation on the Doppler test. The patient underwent surgery and anatomopathological analysis established a diagnosis of papillary thyroid carcinoma metastases.

Case 3 (Fig. 2) was another male aged 37. A cystic, anechogenic and polylobulated lesion was found on the ultrasound study. The walls of the cyst did not present a flow on the Doppler test. The CT and the MR scans confirmed the existence of a cystic lesion in the supraclavicular region. Pathological study gave a diagnosis of cystic lymphangioma.

Case 4 (Fig. 3) was a women aged 23. The CT and MR scans showed a unilocular cystic lesion, thin-walled with no enhancement, at the level of the 4th cervical level on the right. The ultrasound study confirmed that it was a cystic lesion with dispersed fine echoes. There were no vascularised septa. Surgical removal and examination of the tissue sample showed a cystic formation coated with stratified squamous epithelium and lymphoid tissue with abundant keratinic material filling the cyst, these findings were compatible with a branchial arch cyst.

Discussion

The posterior triangle of the neck is the space between the paraspinal muscles and the sternocleidomastoid muscles. A variety of lesions are found in this space including congenital pathologies, such as lymphangiomas, hemangiomas and branchial cleft cysts, tumours, such as lipomas and neurofibromas, and adenopathies (inflammatory, metastatic and lymphoma), which represent the majority of lesions.^{2,3}

Download English Version:

<https://daneshyari.com/en/article/4100810>

Download Persian Version:

<https://daneshyari.com/article/4100810>

[Daneshyari.com](https://daneshyari.com)