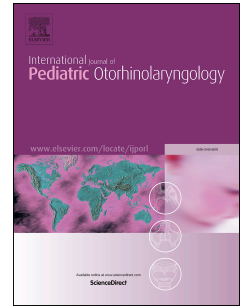


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Case Report and Review of Literature

Spontaneous retropharyngeal and mediastinal thoracic duct cyst in an infant with respiratory distress

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Abstract

Thoracic duct cysts (TDC) within the retropharyngeal space and mediastinum are exceeding rare lesions, with the majority related to trauma or neoplasm. We describe a case of an otherwise healthy 8-month-old boy who presented with severe respiratory distress, which was found to be caused by a large, spontaneous TDC occupying most the retropharyngeal and mediastinal space. To our knowledge, this is the youngest patient to date presenting with TDC. Ultimately, his TDC was completely resolved with sclerotherapy, however the patient's age and size presented unique challenges to his medical management, which we describe below.

Keywords: Respiratory distress; Retropharyngeal Mass; Sclerotherapy

Introduction

The retropharyngeal space extends from the skull base to the mediastinum. Above the hyoid, the area is rich with fat and lymph nodes, however inferiorly, the lymphatics disappear, and the area is predominately fat filled. Abnormalities of the retropharyngeal space are relatively uncommon, with retropharyngeal abscess, the most common abnormality, occurring in 4 per 100,000 patients.¹ Even more rare, lipomas, sarcomas, branchial cleft cysts, and foregut duplication cysts have been described within this region.²

Thoracic duct cysts (TDC) are rare lesions of the mediastinum/retropharynx with less than 50 cases reported in the literature.^{3,4} These cysts may occur at any point along the thoracic duct from the cisterna chyli at the second lumbar vertebra to its insertion at the angle of the left subclavian vein and internal jugular vein. The cyst is thought to occur from weakening of the duct wall from traumatic, iatrogenic, or congenital causes.

We report a case of an 8-month-old male who presented to our institution with a massive retropharyngeal fluid collection found to be a spontaneous thoracic duct cyst. This patient was treated with sclerotherapy with complete resolution of his cyst. He is the youngest patient, to date, to present with TDC and was managed with no complication.

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