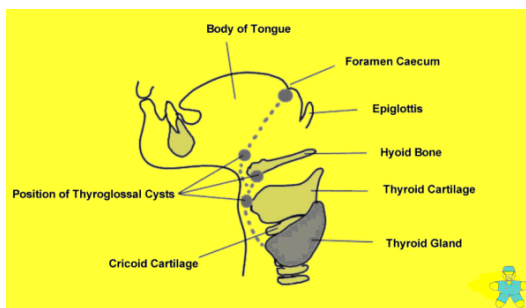
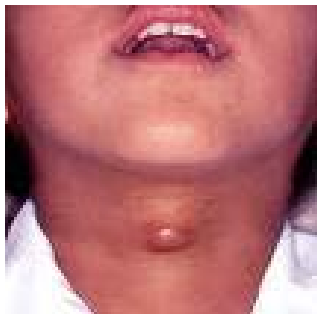


THYROGLOSSAL DUCT CYST

Connecticut Pediatric Otolaryngology

What is a thyroglossal duct cyst?

A thyroglossal duct cyst is a mucous filled sac located in the midline of the neck. It most often presents with a soft swelling under the chin which moves with swallowing. Occasionally the cyst will appear with an infection present resulting in redness, increased swelling and tenderness.



What causes a thyroglossal duct cyst?

During fetal development, the thyroid gland originates in the mouth at the base of the tongue. The thyroid gland remains connected to the base of the tongue with a hollow tube (sinus tract) until it reaches its final position in the lower neck. The tract will then disappear. If it does not, there may be a persistent hollow tube that may allow accumulation of mucoid material and the formation of a cyst at the end. A thyroglossal duct cyst most commonly appears before the age of 5 years, however may present at any age.

How is the thyroglossal duct cyst diagnosed?

Diagnosis is made by physical examination. Often, an ultrasound examination will be ordered to confirm the diagnosis as well as to identify and examine the presence and location of the thyroid gland.

Treatment:

Complete surgical removal of the thyroglossal duct cyst is the treatment of choice. The surgery involves removal of the cyst along with the sinus tract reaching up to the base of the tongue. The central portion of the hyoid bone is also removed. The hyoid bone is a floating bone in the upper neck to which the tongue muscles are partially attached.

The surgery will be postponed if there is an active infection. Antibiotics will be prescribed to treat the infection prior to surgical removal.

The surgery is performed in the Pediatric Operating Room at Yale. The procedure will take approximately 60 to 90 minutes. The child will receive an (IV) intravenous in order to receive medication and fluids during the surgery. Following the operation, the child will go to the pediatric recovery room (PACU or Post-Anesthesia Care Unit). Parents can be with their child at this time.

Many children will be able to go home the same day as their surgery. The child will be ready to go home once they are drinking and acting like themselves again. This normally takes an hour or two.

Some children will require admission to the hospital for observation. Occasionally a drain is placed at the incision to help prevent fluid accumulation. The drain will be removed before your child is discharged home.

Surgical Risks

As with any surgery, there are some associated risks:

- The child will receive general anesthesia for the procedure. There is a small risk of complication occurring due to the anesthesia. However, every precaution is taken to ensure the safety of the child.
- Wound infection- small incidence of postoperative wound infection.
- Mild discomfort- Tylenol or Motrin is very effective in treating the pain.
- Recurrence- About 10% of thyroglossal duct cysts will come back and require a second operation. Recurrences are more common in children who have had previous infections in the cyst.

Preoperative Tour

- A preoperative tour is available for you and your child if you are interested. We strongly recommend taking advantage of this tour. During the tour, your child will meet with a Child Life Specialist (if age appropriate) who will help prepare your child for surgery using age appropriate play and descriptions. You will also meet with a pediatric anesthesiologist and pediatric nurse. To schedule an appointment, please call 203-688-7996.

Following Surgery

- There are no limitations in activity or diet following the surgery.
- Your child may experience some mild discomfort. Tylenol or Motrin is very effective in treating the pain.
- Most children will return to school the following day.
- **Please call our office if your child has a fever greater than 101.5 or other signs of infection at the surgical site including excessive swelling, redness, drainage or pain.**

Follow-up

- We would like to see your child one week following the surgery for a postoperative check. Often this visit is scheduled with one of our nurse practitioners. Please call to schedule an appointment.

If you ever have questions or concerns, we would be happy to talk to you or see your child at any time.