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A branchial fistula (Figure 52.64) may be unilateral or bilateral and is thought to represent a persistent second branchial cleft. The external orifice is nearly always situated in the lower third of the neck near the anterior border of the sternocleidomastoid muscle, while the internal orifice is located on the anterior aspect of the posterior faucial pillar just behind the tonsil. Although the anterior aspect of the tract is easy to dissect, it may pass backwards and upwards through the bifurcation of the common carotid artery as far as the pharyngeal constrictors. The internal aspect of the tract may, however, end blindly at or close to the lateral pharyngeal wall, constituting a sinus rather than a fistula. The tract is lined by ciliated columnar epithelium and, as such, there may be a small amount of recurrent mucopurulent discharge onto the neck. The tract follows the same path as a branchial cyst and requires complete excision to avoid recurrence.

(b) Figure 52.63 Right branchial cyst: anterior (a) and oblique (b) views.

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