Cystic hygroma

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Cystic hygromas (Figure 52.65) usually present in the neonate or in early infancy , and occasionally may present at birth and be so large as to obstruct labour. The cysts are filled with clear lymph and lined by a single layer of epithelium with a mosaic appearance. Swelling usually occurs in the neck and may involve the face, submandibular region, tongue and floor of the mouth. The swelling may be bilateral and is soft and partially compressible, visibly increasing in size when the child coughs or cries. The characteristic that distinguishes it from all other neck swellings is that it is brilliantly transilluminant. The cheek, axilla, groin and mediastinum are other less frequent sites for a cystic hygroma. The behaviour of cystic hygromas during infancy is unpre dictable. Sometimes the cyst expands rapidly and occasionally respiratory di ffi culty ensues, requiring immediate aspiration and even occasionally a tracheostomy . The cyst may become infected. Definitiv e treatment involving complete excision of the cyst at an early stage is best if possible. Injection of a sclerosing agent is an alternative strategy and may reduce the size of the cyst; however, they are commonly multicystic and therefore complete resolution is a challenge.

(b) (c) Figure 52.64 (a) Plain radiograph with radio-opaque dye in the /f_i stula tract. (b) Probing of the /f_i stula tract. (c) Excision of the /f_i stula tract. Figure 52.65 Cystic hygroma.

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