

Letters to the Editor

Cervical Bronchogenic Cyst in Adults. Case Report and Literature Review[☆]



Quiste broncogénico cervical en adultos. Presentación de un caso y revisión de la literatura

To the Editor:

We present a case of cervical bronchogenic cyst in an adult.

A 45-year-old woman was admitted to our department for acute febrile illness associated with dysphagia for solids and liquids and a right-side cervical mass extending into the thoracic cavity. Physical examination confirmed a fluctuating right-side cervical mass that was painful on palpation, with the lower border extending beyond the thoracic inlet.

Additional tests: cervical ultrasound confirmed the presence of a heterogeneous right-side cervical mass; the image was consistent with air within the mass. Computed tomography (CT) showed an air-filled soft tissue mass measuring up to 8 cm in diameter, located in the cervicothoracic junction, below, but independent of, the right lobe of the thyroid gland (Fig. 1A and B).

After starting wide spectrum antibiotic therapy, and following resolution of the general and locoregional symptoms, the patient

underwent a right lateral cervicotomy. Surgical findings were consistent with the physical examination and additional tests, and the mass was successfully removed (Fig. 1C). In-hospital clinical and radiological postoperative outcomes were good; the patient remained asymptomatic with no signs of recurrence on radiological and endoscopic follow-up at 6 months.

Histopathological study showed pseudostratified columnar epithelium with goblet cells covering the inner wall of the mass, leading to a diagnosis of bronchogenic cyst (Fig. 1D).

Bronchogenic cysts are the result of malformation of the tracheobronchial tree from the ventral foregut during embryogenesis. Most are diagnosed in childhood. In adults, they are most commonly found in the mediastinum and lung parenchyma, and rarely in the cervical region. They are usually asymptomatic, although patients will sometimes report symptoms caused by their size, such as dyspnea, respiratory distress, cough or dysphagia. They very rarely present with inflammation and infection combined with cutaneous fistulization in the case of superficial cysts, or abscesses when located at a deeper level, as was the case in our patient. This disease is very rarely found in adults: only 23 cases have so far been reported in the literature.^{1–5} Nuclear magnetic resonance (NMR) and CT, particularly multislice, scans are essential for diagnosis. Differential diagnosis should be made between cervical

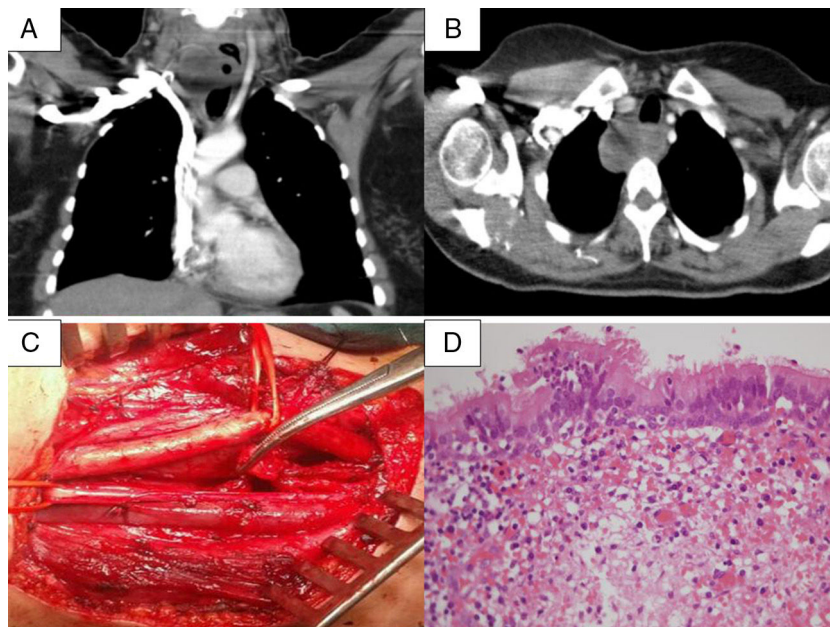


Fig. 1. (A and B) CT scan image of the right cervical cyst showing air-fluid levels inside. (C) Surgical image showing dissection of the internal jugular vein and external carotid artery with the bronchogenic cyst pulled back with an Adson clamp. (D) Respiratory epithelium covering the surface of the cyst (H&E 40 \times).

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bronchogenic cyst and branchial cleft, thyroglossal, thymic, thyroid and enteric duplication cysts, lymphangiomas, dermoid cysts, teratomas and neuromas with the same topography.¹ Once diagnosis has been confirmed and any possible inflammation or sepsis have been treated, the treatment of choice is surgery. Choice of the surgical approach is wholly dependent on the topography and size of the cyst, and it is essential to remove the entire cyst in order to confirm the diagnosis, rule out neoplastic proliferation,⁴ and ultimately control the disease.

References

1. Moz U, Gamba P, Pignatelli U, D'Addazio G, Zorzi F, Fiaccavento S, et al. Bronchogenic cysts of the neck: a rare localization and review of the literature. *Acta Otorhinolaryngol Ital.* 2009;29:36–40.
2. Ergin M, Yeğinsu A, Celik A, Onuk Filiz N. A case of cervical bronchogenic cyst presenting with hoarseness in an adult. *Tuberk Toraks.* 2009;57:73–6.

3. Annamalai A, Shemen L, Ruiz D. An unexpected finding of a bronchogenic cyst presenting as a thyroid mass. *Head Neck Pathol.* 2011;5:416–8.
4. Calzada AP, Wu W, Salvado AR, Lai CK, Berke GS. Poorly differentiated adenocarcinoma arising from a cervical bronchial cyst. *Laryngoscope.* 2011;121:1446–8.
5. Ramírez-Camacho R, Trinidad A, Vicente J, Salas I, Roldán A, Casares C. Bronchogenic cyst in adult siblings. *J Otolaryngol Head Neck Surg.* 2012;41: E51–3.

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Rasmussen's Pseudoaneurysm in a Patient With a History of Pulmonary Tuberculosis[☆]



Seudoaneurisma de Rasmussen en un paciente con antecedente de tuberculosis pulmonar

To the Editor:

A 33-year old Romanian man was seen in the emergency room of our hospital for cough with hemoptysis. He reported fever lasting 48 h and night sweats lasting 2 weeks. He mentioned a

history of pulmonary tuberculosis (TB) treated 5 years previously. The patient also showed signs of respiratory distress. Based on this information, we performed a chest X-ray, which showed bilateral interstitial and alveolar opacities. Subsequent contrast-enhanced multidetector computed tomography (MDCT) of the chest showed several consolidations (some cavitary), extensive bronchiectasis and a well-defined round lesion measuring 3 cm in the apical segment of the right lower lobe (RLL), with contrast uptake in the arterial phase and washout in the venous phase (Fig. 1). These

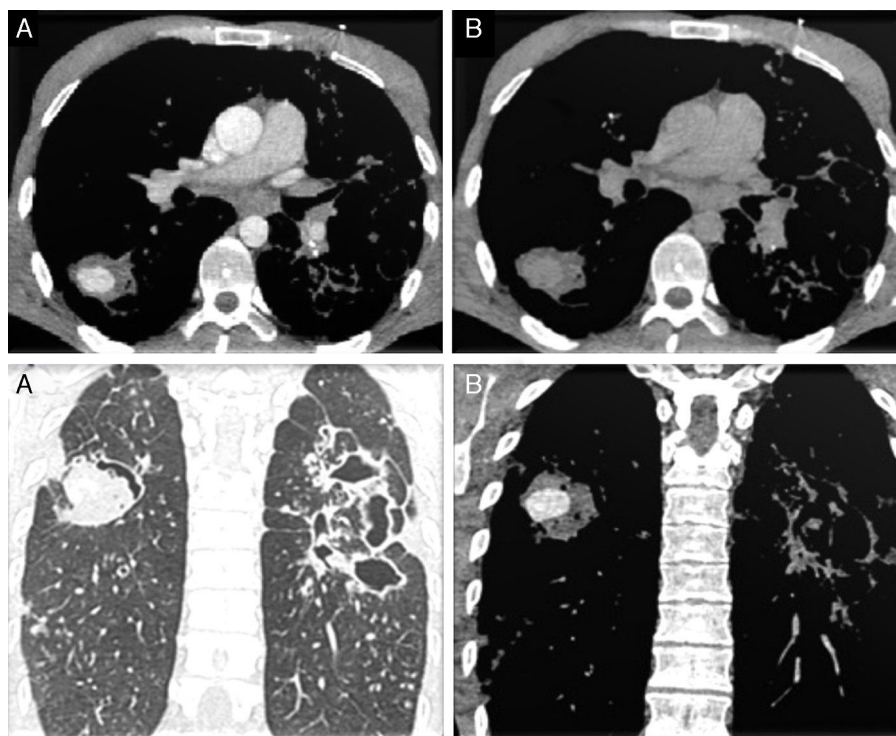


Fig. 1. Mediastinal window CT scan axial slices: lesion in the RLL, with well-defined borders, showing contrast uptake in the arterial phase (A top) and washout in the venous phase (B top). Parenchymal window (A bottom) and mediastinal window (B bottom) CT scan coronal slices in the arterial phase: contrast-enhanced nodular lesion in the RLL and images of bronchiectasis and extensive cavitation in the left hemithorax.

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