



Clinical Image

Cervical Mass During Valsalva's Maneuver: Atypical Presentation of a Bronchogenic Cyst[☆]

Bultoma cervical en Valsalva: presentación atípica de un quiste broncogénico

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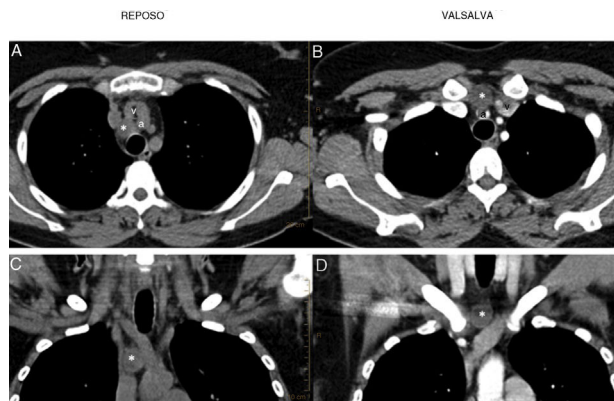


Fig. 1. (A and B) CT scan with and without contrast, axial slices at rest and during Valsalva maneuver. (A) At rest, right paratracheal cystic lesion (*) located posterior to the trunk of the innominate veins (v) and posterolateral to the arterial brachiocephalic trunk (a). (B) In the Valsalva maneuver, the cystic lesion (*) rises through the fat of the upper mediastinum to the suprasternal cervical region, to a site anterior to the trunk of the innominate veins (v) and the arterial brachiocephalic trunk (a). (C and D) CT coronal reconstruction at rest (C) and during Valsalva maneuver (D). It can be seen that during the Valsalva maneuver, the cyst (*) rises approximately 3 cm from the mediastinum to the site in the cervical region.

A 36-year-old woman consulted due to a lower midline cervical mass appearing during the Valsalva maneuver. At rest, the mass disappeared. A cervical ultrasound was performed that revealed a round, anechoic lesion measuring 2 cm. The study was completed

with a cervicothoracic computed tomography (CT) (Fig. 1) at rest and during the Valsalva maneuver. Presence of the rounded cystic lesion was confirmed, located at rest in the right paratracheal parenchyma, and rising during Valsalva to a site in the cervical region, not dependent on any structure. The radiological signs and the location in the right paratracheal parenchyma suggested a probable diagnosis of bronchogenic cyst. The patient was referred for surgical resection of the cyst, which was performed through a midline cervicotomy. Pathology study confirmed a bronchogenic cyst.

Bronchogenic cysts are congenital cystic lesions that typically occur in the mediastinum and in the right paratracheal or subcarinal regions. They can also appear in atypical locations, such as cervical or intrapulmonary sites.¹ This case is curious due to the mobility of the cyst, which rose 3 cm from a typical paratracheal site to an atypical cervical location. This mobility could be observed on CT when the appropriate maneuvers were performed, as described in other cases of cervical lesions,² assisting diagnosis and definition of the anatomical site with a view to surgery.

References

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