Case Report: Laryngocele- A Rare Cause of OSAS and Respiratory Distress

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Abstract

Objective: A 70 years old man was admitted to the ICU due to respiratory failure and stridor. Physical examination and imaging studies revealed combined laryngocele.

Design: Case report

Subject: A 70-year-old, Caucasian man with respiratory failure due to combined laryngocele.

Results: Under general anesthesia the laryngocele was removed. The patient discharged after five days with significant respiratory and OSAS’s signs improvement.

Conclusion: Although rare, laryngocele must be considered when respiratory distress appears with neck mass.

Keywords

Respiratory failure, Laryngocele, Combined laryngocele, Internal laryngocele, External laryngocele

Introduction

Laryngocele is a rare condition in which dilation of the laryngeal saccule that extends upward the false vocal cord, is filled with air, and is in communicating with the laryngeal lumen. It can present as a neck mass or as a cystic lesion in the neck. Awareness regarding this rare entity can help the physician in making the correct diagnosis.

Case Report

70 year- old- man was hospitalized in the ICU of Poria Medical Center, Israel due to deterioration of his respiratory condition. On his admission to the hospital he was acidic and in hypercapnic respiratory failure. His saturation was 88%, and deteriorated to 82% a few minutes after his arrival. Past medical history included moderate COPD, CHF, morbid obesity and severe obstructive sleep apnea syndrome (OSAS). The OSA caused loud snoring, day time somnolence and difficulty concentrating in every day assignments. His medical records revealed base line saturation of 92%-93%. Clinical examination revealed cystic mass about 4 × 5 cm on his right side of the neck. Endoscopic examination, demonstrated bulging near the right ventricular fold and right aryepiglottic fold. CT of the neck demonstrated air filled lesion in the right neck (Figure 1 and Figure 2). This lesion had two contiguous components, one within and one lateral to the larynx causing compression in the distal part of the larynx and the subglottic area (Figure 3). This imaging confirmed the diagnosis of combined laryngocele. Under general anesthesia incision...
The differential diagnosis of a mass in the neck is wide and includes: tumor, swelling of the supraglottis especially in the aryepiglottic fold. The internal laryngocele endoscopic examination will reveal smooth, easily compressed, and extend with increased pressure. In case of external laryngocele will reveal soft mass in the lateral neck, occur with large or infected lateral saccular cysts [6,7]. Examination of the patient’s complaint, although dyspnea, dysphagia, pain, and a neck mass can occur with large or infected lateral saccular cysts [6,7]. Examination in case of external laryngocele will reveal soft mass in the lateral neck, easily compressed and extended with increased pressure. In case of internal laryngocele endoscopic examination will reveal smooth swelling of the supraglottis especially in the aryepiglottic fold. The differential diagnosis of mass in the neck is wide and includes: tumor, branchial cyst, neck abscess and lymphadenopathy. Radiological and endoscopic investigation will be critical in determining the diagnosis. The definitive treatment for laryngocele is by surgical procedure.

External laryngocele is removed by external approach (cervical incision) with or without tracheostomy, while internal laryngocele can be excised by endoscopic technique [8]. In combined laryngocele combined approach (external and endoscopic) is accepted. In few cases, like the case presented in this report, the combined laryngocele can be completely removed by the external approach.

Conclusion

Although rare, laryngocele must be considered when respiratory distress appear with neck mass. There are only few cases reported, describe respiratory failure due to laryngocele [9].

In review of the literature so far only one case was found in which a correlation has been made between laryngocele and OSAS and improvement after removal of the laryngocele.

Learning Points

- Patients with sudden onset of respiratory failure and neck mass should be reviewed by an ENT specialist on urgent basis.
- The importance of securing the threatened airway cannot be over emphasized in patients with neck mass and respiratory distress.
- Radiological assessment is critical part of the diagnosis of laryngocele.
- Although laryngocele is rare, it is important cause of respiratory distress accompanied by neck mass, and should be considered in those patients.

Surgical procedure is the definitive treatment for laryngocele.

References