

THIRTEEN YEARS REVIEW OF THYROGLOSSAL DUCT CYST MANAGEMENT AND OUTCOME

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Thyroglossal duct cysts (TGDC) are the most common form of congenital neck cyst. Our study aimed to review cases and outcomes in our institution. Retrospective review of 75 patients (35 male, 40 female) histopathological compatible with TGDC managed in our hospitals between 2004 and 2017 were performed. Age of presentation was bimodal and ranged from birth to 73. Most common presenting symptoms were neck mass in 73 patients (97.3%). A history of preoperative TGDC infection was present in 13 (17.3%), ruptured with fistula formation in 3 (4%). 31 cases of TGDC in hyo-thyroid region (37.2%) followed by prehyoid in 23 (24.5%) and suprahyoid in 19 (20.2%) and the rest from intralingual to suprasternal. Main preoperative imaging was USG in 62 (82.7%). FNAC was performed in 35 (46.7%). The cyst size ranged 0.5 cm to 5 cm. Sistrunk's operation with central hyoidectomy was performed in 73 cases with variable excision of thyroglossal tract. Recurrence occurred in 3 (4.05%). Operations were performed by General and ENT Surgeons in 30 cases

(40%) respectively while the rest by either paediatric or plastic surgeons. Complications happened in 11 patients (14.7%), being mostly minor wound problem. There was no mortality. 3 cases (4%) of papillary thyroid carcinoma were found within TGDC. Our patients had age distribution and gender proportions similar to previous findings in literature, while a higher proportion of patients have history of infected cyst. History of fistula was found to be significantly related to postoperative complications (chi-square: $P=0.006$). Other factors such as age, infection, simple cystectomy, operation by non-specialist were not significantly related to complications or recurrence. Thyroglossal cyst is treated by Sistrunk operation with low morbidity and mortality and recurrence. Fistula formation was noted to be related to complications. Cases of thyroid carcinoma found within the TGDC were reported. This should be discussed with patients with TGDC.

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