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 been considered when respiratory distress appears with neck mass

Keywords: Respiratory failure; Laryngocele; Combined laryngocele; Internal laryngocele; External laryngocele

Introduction

Laryngocele is 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 presents as neck mass or as 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 acidotic 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%. Medical examination revealed cystic mass about 4x5 cm on his right side of the neck. Endoscopic examination, demonstrated bulging near the right ventricular...
The laryngocele compressing the RT vocal fold and definitively treatment for laryngocele is by surgical procedure. Investigation will be critical in determining the diagnosis. The neck abscess and lymphadenopathy. Radiological and endoscopic mass in the neck is wide and includes: tumor, branchial cyst, especially in the aryepiglottic fold. The differential diagnosis of examination will reveal smooth swelling of the supraglottis increased pressure. In case of internal laryngocele endoscopic mass in the lateral neck, easily compressed and extended with examination in case of external laryngocele will reveal soft can occur with large or infected lateral saccular cysts [6,7].

complaint, although dyspnea, dysphagia, pain, and a neck mass should be reviewed by an ENT specialist on urgent basis. Although laryngocele must been 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

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

References


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.