Background

Lingual thyroglossal duct cysts are rare form of thyrogossal duct cysts. Thyroglossal duct cyst are located adjacent to the hyoid bone in 60% of patients, between the hyoid and base of the tongue in 24%, and between the hyoid and pyramidal lobe in 13%; only 2~3% are intralingual. Lingual TCDC may be incidentally detected or present with symptoms ranging from life threatening respiratory difficulty to dysphonia or feeding difficulty. In infants and older children, it usually presents as a mass ate the vase of tongue. Common differential diagnosis include hypertrophied lingual tonsil, lingual ectopic thyroid, benign tumors, lymphatic cyst and salivary retention cyst. Ultrasonography and MRI is useful in confirming the diagnosis and defining the anatomical extent of the lingual TCDC. Surgical removal is effective for the treatment. Sistrunk operation considered to gold standard in the management of all TCDC. Though in lingual TCDC, some have adopted more conservative measures like cyst marsupialization

Case

A female infant presented at 2 months of age with palpable scalp mass and audible stridor. On Physical exam scalp mass was reddish blue and compressive. Chest film showed normal. MRI confirmed hemangioma in frontal scalp. And there was 1.1cm sized cystic lesion in the midline base of the tongue. Ultrasonography showed anechoic round shaped lesion without vascularity in submental area. Normal thyroid gland, sumandibular gland and parorid gland were seen. Under general anesthesia we performed marsupialization with transoral approach. Stridor disappeared after operation. The patients was discharged on the 3rd postoperative day without any complication. She is asymptomatic 4 months after surgery.

Conclusion

The diagnosis, imaging study and treatment of lingual TCDC need to be tailored to individual cases depending on the location in tongue, size, extent and relation to the centrum of the hyoid.