A 29-year-old woman found what looked like a balloon inside her mouth when she checked her mouth with a mirror after a dental check-up. There was no symptom except the “balloon” behind her tongue; she was surprised and worried about the strange experience. She had no history of drinking or smoking.

We examined her using an oral pharyngeal scope [1] and at first could not find any abnormality inside her mouth. However, when she answered “OK,” she strained her tongue forcefully and the “balloon” suddenly appeared on the right side behind the base of the tongue (▶ Video 1).

Using an electrolaryngeal fiberscope, the “balloon” appeared from her vallecula when she strained her tongue (▶ Fig. 1) and did not appear at any other time. During Valsalva maneuvers (▶ Fig. 2) the balloon disappeared, which suggested that air filled sacs did not communicate with the laryngeal lumen. Computed tomography imaging (▶ Fig. 3) showed an air-filled space between the base of the tongue and the epiglottis.

The most common congenital laryngeal cysts include saccular cysts, laryngoele, and ductal cysts [2,3]. A saccular cyst closed from the laryngeal lumen presents as a cyst of the lateral larynx, the so-called congenital cyst or lateral saccular cyst [2]. Our suspected diagnosis was thyro-tongue duct cyst. Complete resection for such cases is recommended as the surgical outcome is excellent [3]. However, after 12 years, the patient has never agreed with surgery because her child was still young and the “balloon” caused no ill effects over these 12 years.

Competing interests

None

E-Videos

Video 1 A “balloon” inside the mouth. We could not find any abnormality inside the mouth while observing with an oral pharyngeal scope. When the patient strained her tongue forcefully, a “balloon” suddenly appeared on the right-side, behind the base of the tongue.

Fig. 1 Laryngeal view with a nasopharyngeal fiberscope. When the patient strained her tongue forcefully, a “balloon” suddenly appeared on the right side, from behind the base of the tongue.

Fig. 2 Laryngeal view with nasopharyngeal fiberscope. During Valsalva maneuvers the “balloon” disappeared.

Fig. 3 Computed tomography showed an air-filled space (arrow) between the base of the tongue and the epiglottis.

Endoscopy_UCTN_Code_CCL_1AB_2AB
The authors

Koichi Tsunoda¹, Naoaki Ishikawa², Mihiro Takazawa³, Kazuyo Yagishita⁴, Sota Oguro⁵
¹ Artificial Organs and Medical Creations, Otolaryngology, National Hospital Organization Tokyo Medical Center, Tokyo, Japan
² Otolaryngology, National Hospital Organization Tokyo Medical Center, Tokyo, Japan
³ Artificial Organs and Medical Creations, National Hospital Organization Tokyo Medical Center, Tokyo, Japan
⁴ Radiology, St. Luke’s International University, Tokyo, Japan
⁵ Radiology, National Hospital Organization Tokyo Medical Center, Tokyo, Japan

Corresponding author

Koichi Tsunoda, MD, PhD
Otoralyngology, Artificial Organs and Medical Creations, National Hospital Organization Tokyo Medical Center, National Institute of Sensory Organs, 2-5-1 Higashigaoka, Meguro-ku, Tokyo 152-8902, Japan
Fax: +81-3-3411-0185
tsunodakoichi@kankakuki.go.jp

References


Bibliography

DOI https://doi.org/10.1055/a-1011-4030
Published online: 2019
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X