

Patient Care > Thyroglossal Duct Cyst

Definition

A thyroglossal duct cyst is a non-tender, firm, round mass found beneath the skin in the center of the neck just above the voice box. The cyst moves up and down with swallowing and may move upwards when the child sticks out his tongue. A thyroglossal duct cyst is rarely seen at birth and usually appears between the ages of one to five years. The cyst may present as asymptomatic and painless or as an acute infection.

During the fourth week of embryological life, the thyroid gland begins its development at the base of the tongue. The thyroid gland then begins to move downward and travels from the base of the tongue through the hyoid bone to the front of the neck where it normally resides. As the thyroid gland descends to its normal position it makes a pathway or duct. Normally this pathway or duct disappears once the thyroid gland is in its proper place at about the seventh week of embryological life. When the pathway or duct persists, a thyroglossal duct cyst develops.

Indications for Surgery

Thyroglossal duct cysts frequently become infected when the child has an upper respiratory infection, ear infection or sore throat. The reason for this is because the cyst is located in the neck near a vast supply of lymph nodes that monitor all infections in the head and neck area. Once infected, the thyroglossal duct cyst will enlarge, the skin over the cyst will become red and the neck area will become swollen. Infected thyroglossal duct cysts are treated with antibiotics and warm compresses. A thyroglossal duct cyst can only be removed after all infection has ended.

A thyroglossal duct cyst may become malignant if it is allowed to remain in the neck into adulthood. Malignancy is usually seen in the third to sixth decade of life.

Surgical Repair

Surgery is done as an outpatient and requires a five to six hour hospital stay.

The surgery is done through a 3 to 4 cm. (1.5 inch) incision over the cyst. Approximately 1 cm. of the hyoid bone must be removed to prevent recurrence. A small drain may be left in the wound for 24 to 48 hours. The drain is easily removed in the surgeon's office at the first follow-up visit. The incision is closed with dissolvable sutures that are buried beneath the skin, meaning no stitches are visible and no stitch removal is necessary.

***Disclaimer:** Your child's condition is unique. The information contained on this web site is not intended to substitute for advice from a doctor or nurse. If you are unsure about any aspect of your patient's care, please contact us at 303-839-6001, or talk to your pediatrician.*