

Thyroglossal Duct Cyst

What is a Thyroglossal Duct Cyst?

A thyroglossal duct cyst is a non-tender, firm, round mass found beneath the skin in the center of the neck. 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 and five years.

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.

What are the Symptoms of a Thyroglossal Duct Cyst?

- Some children are asymptomatic
- Firm, round mass in the middle of their neck
- If infected:
 - Tender, warm, swollen, or draining mass on neck
 - Fever
- Difficulty Swallowing

What are the 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 the cyst is located in the neck near a 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 the infection has resolved.

A thyroglossal duct cyst may become malignant if it is allowed to remain in the neck into adulthood. Malignancy is usually seen in patients between 30-60 years old.



How is the Surgery Performed?

Surgery is done as an outpatient, under general anesthesia. Therefore your child will go home the same day as surgery. The surgery is done through a 2 to 4 cm. (1.5 inch) incision over the cyst. Approximately 1 cm of the hyoid bone on each side of the cyst must be removed to prevent recurrence of the cyst. The incision is closed with dissolvable sutures that are buried beneath the skin, meaning no stitches are visible and no stitch removal is necessary. The incision will be covered with sterile glue.

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.*

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