Thyroglossal Cysts

What is a thyroglossal cyst?

In our necks we have a large gland called the thyroid gland which makes important thyroid hormones. During our development in the womb the thyroid gland makes a journey from the back of the tongue, where it forms, down into the neck. As it descends, it leaves a small tube, called the thyroglossal tract, which passes from the back of the tongue to the resting place of the thyroid gland in the neck.

Normally the thyroglossal tract disappears by the time we are born but occasionally parts of it persist and have a tendency to form cysts in and around the midline of the neck. These cysts are called thyroglossal cysts (or thyroglossal duct cysts).

How do they present?

Often there is nothing visible at birth, although the cyst is there but very small. During the first few years of life a cyst appears under the chin, in the middle of the neck or just to one side. This may follow a cold or infection.

What problems can they cause?

Unfortunately, they have a tendency to get infected and may form an abscess which will need to be drained surgically. It is rare for them to change and become malignant but over 100 cases of cancer developing in thyroglossal cysts have been reported in the medical literature.

How should they be treated?

In view of the tendency to get infected, and the very small risk of malignant change, it is usually recommended that they are removed, which means an operation.

Is it a simple operation and can the cyst come back?

It is very important that, as well as removing the cyst, all remnants of the thyroglossal tract are also removed. If this is not done then the cyst may well come back. This problem was recognised in 1926 by a surgeon called Sistrunk who recommended that, as well as the cyst, a central portion of the underlying hyoid bone and the adjacent muscle leading up into the tongue needs to be removed to prevent the cyst recurring. Sistrunk's operation forms the basis of the modern operation.

Recurrence is a major problem in all series in the literature with recurrence rates of 20-30% being not uncommon. For this reason, it is very important that surgery is performed by a specialist who understands these problems. Wider operations can keep the recurrence rate down to 1% or less

What are the potential complications?

Fortunately, complications are very uncommon. If they arise they are usually simple e.g. bruising, bleeding or infection of the wound which can be easily treated. The most frustrating complication is perhaps when the cyst comes back and a further operation is needed. Careful initial surgery can keep this problem to a minimum however there is always a small risk of recurrence. The surgeon will be operating around the child's airway and swallowing passages. As in any operation there is a risk of damaging adjacent structures but this remains extremely rare indeed.

The day of the operation and afterwards

Your child will be admitted on the morning of the operation and will have no food for six hours prior to the general anaesthesia. Clear fluids (water or clear juice) may be taken until two hours before the general anaesthesia. You will be advised of the exact times by the ward staff, who usually call you the day before the operation.

You will see the anaesthetist and surgeon before the operation and afterwards.

Surgery takes approximately one hour. Sometimes a surgical drain tube is placed overnight.

There will be a one night stay in hospital and you will be allowed to stay with your child. In the morning, after review by the surgeon, your child will be discharged home with pain killers (Paracetamol (Calpol) and ibuprofen (Nurofen)) for 3-4 days. Antibiotics are usually prescribed for 7 days.

All sutures are dissolvable. A dressing will be placed over the wound and this is removed in out-patients one week later.

Most children are ready for school after 7 days and can fly after 2 weeks. Swimming should be avoided for 7 days.

Contact

If you have any concerns regarding your child's post-operative recovery please telephone Mr Hartley's secretary (during office hours) on 020 7390 8352.

Alternatively please call the Portland Hospital on 020 7380 4400 and ask to speak to the Duty Sister who will be able to give advice.