Journal of Neonatal Biology
ISSN: 2167-0897

Harohalli, J Neonatal Biol 2014, 3:4
DOI: 10.4172/2167-0897.1000145

Clinical Images Open Access

Cystichygroma with Macroglossia-A Lymphatic Malformation in a Neonate

Venkateshlyer Harohalli*

Consultant Neonatologist, Manipal Hospital, Bangalore

Introduction

This 15 days old male infant born at 38 weeks of gestation by spontaneous vaginal delivery was brought to paediatric emergency room with the history of hurried breathing and poor feeding and swelling in the neck (Figure 1). Clinical diagnosis of cystic hygroma with air way compromise was made. Antenatal scans done were normal. In view of deteriorating respiratory distress the child was ventilated. X-ray of neck showed mass on either side of the neck (Figure 2). Ultrasound demonstrated bilateral cystic areas consistent with cystic hygroma (multicystic) (Figure 3). CT neck wasdone to rule out any thoracic extension (Figure 4). The mass was infiltrated with sclerosant OK 432 (FDA approved) under ultrasound.

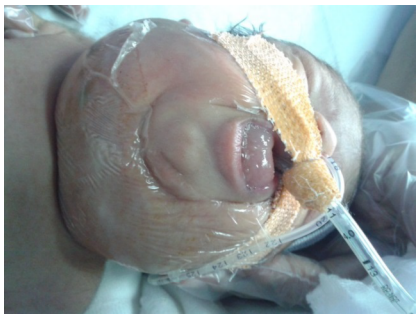

Figure 1: A new born with cystic hygroma with macroglossia.

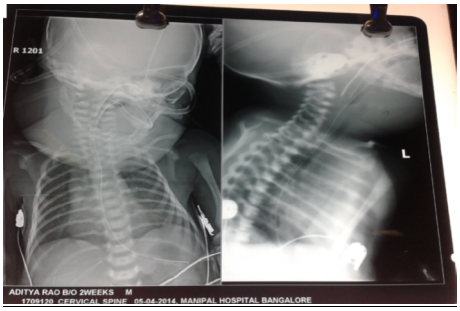

Figure 2: X-ray neck showing bilateral mass in the neck.

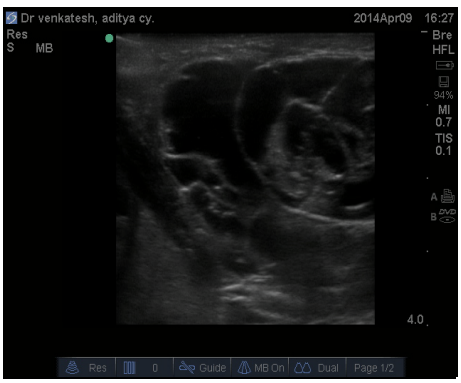

Figure 3: Ultrasound neck showing cystic hygroma.

Discussion

Cystic hygroma a lateral neck mass is a shocking scene for any parents. Air way compromise is the major threat to the baby. Early recognition, respiratory care, timelysclerosant therapy, surgery in selected candidates and adequate informative counselling are the main challenges for the treating physician.

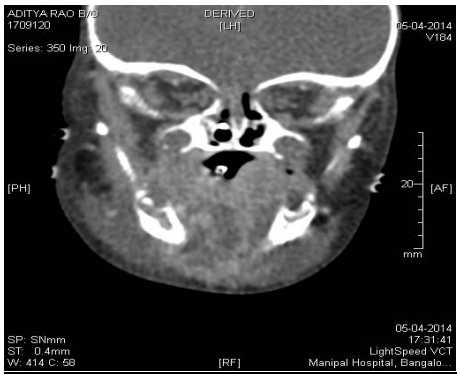

Figure 4: C T neck showing cystic hygroma bilateral.

***Corresponding author:** Venkateshlyer Harohalli, Consultant Neonatologist, Manipal Hospital, Bangalore, India, Tel: 919980135300; E-mail: Venkatveena46@gmail.com

Received May 29, 2014; **Accepted** May 31, 2014; **Published** June 02, 2014

Citation: Harohalli V (2014) Cystichygroma with Macroglossia-A Lymphatic Malformation in a Neonate. J Neonatal Biol 3: 145. doi:10.4172/2167-0897.1000145