Bol Med Hosp Infant Mex. 2014;71(4):233-237

CLINICAL CASE

Airway obstruction due to cystic hygroma in a newborn

Gregory Torres-Palomino[a], Gabriela Juárez-Domínguez[a], Manuel Guerrero-Hernández[b], Lucía Méndez-Sánchez[c,*]

[a]*Médico Pediatra-Neonatólogo, Centro Médico ABC-Santa Fe, Mexico City, Mexico*
[b]*Radiólogo Pediatra, Centro Médico ABC-Santa Fe, Mexico City, Mexico*
[c]*Maestra en Ciencias de la Salud, Campo Epidemiología Clínica, Área de Investigación Epidemiología Clínica, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*

Received 2 Apr 2014; accepted 29 Jul 2014

Abstract
Background: Cystic hygroma is a diffuse dilatation of the lymphatic system, which can be prenatally diagnosed by ultrasound. The incidence is 1/6,000 live births and 1/750 spontaneous abortions. This malformation can occur at the cervical level located in the inferior lateral part of the neck where it appears with large single or multilocular cavities. It is generally caused by a lack of connection with jugular lymphatic channels or with the venous drainage system lymph sacs.
Case report: In order to emphasize these diseases and non-surgical treatment options, we present a patient with a cervical cystic hygroma that compromises the airway and digestive tract due to tumor extension and treatment with pure ethanol with clinical improvement.
Conclusions: Depending on the characteristics of the lesion, treatment options are surgery, pharmacological or mixed. When the extension involves vital organs, the best option is to reduce the size of the lesion and the compromise of the adjacent organ. This is done by sclerotherapy and, if necessary, surgery.

*Corresponding author.
E-mail: luciamendezs@gmail.com (L. Méndez-Sánchez).

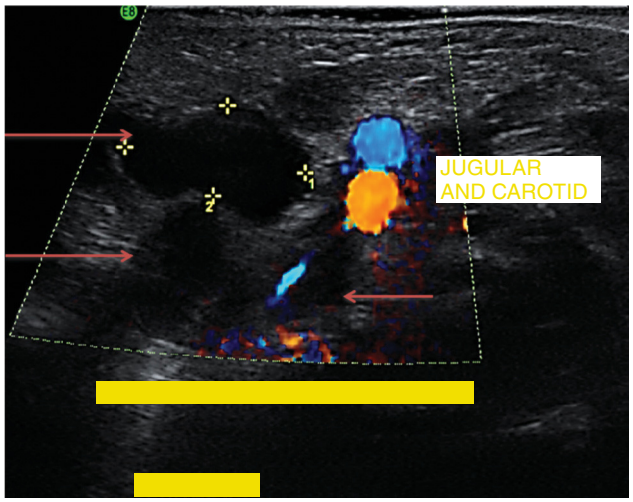
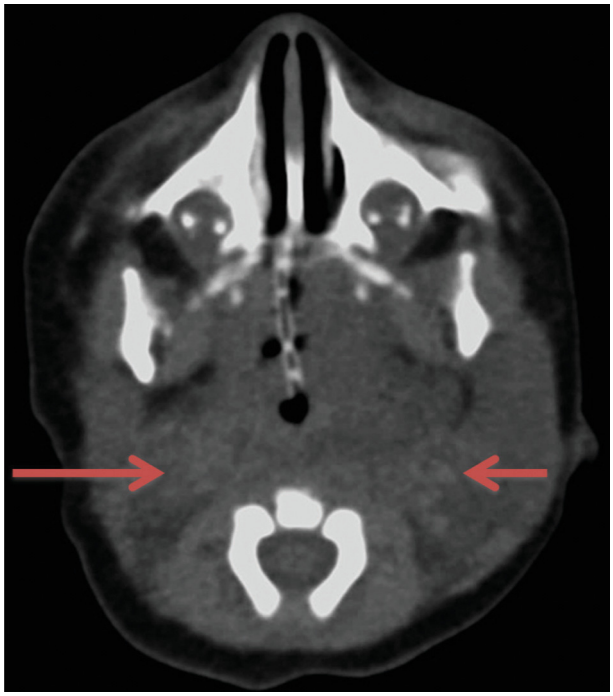
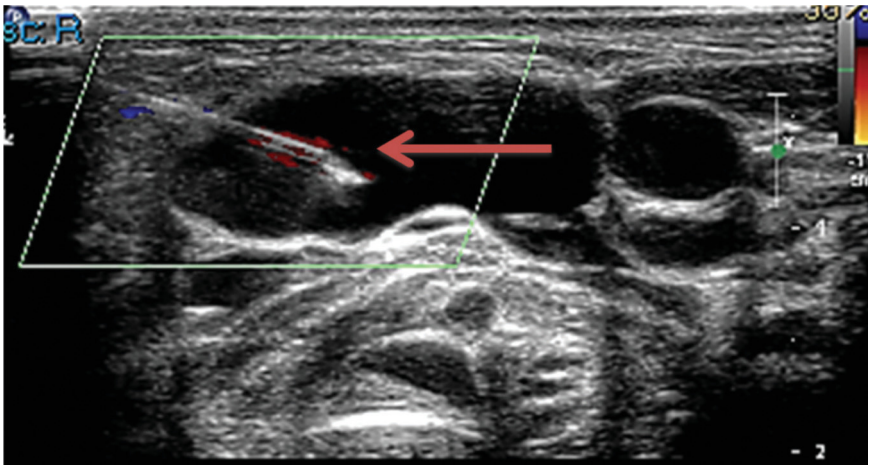
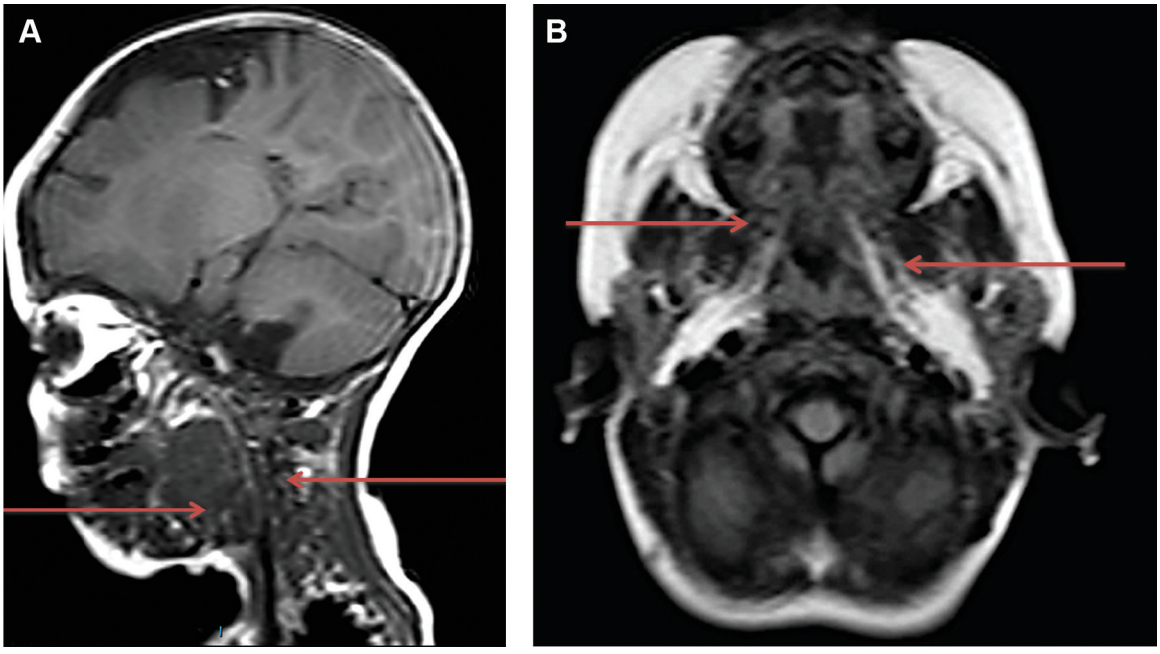


Figure 3 Nuclear magnetic resonance of the neck. A multicystic, multilobulated and heterogeneous mass is observed (arrow). Mass effect is produced with displacement of vascular structures on the left side. There is compression and displacement of the airway on the right side.






A
B