ABSTRACTS

MISCELLANEOUS

Congenital Lesions of the Neck. CONRAD J. BAUMGARTNER, M.D. (Los Angeles). (*Jour. A.M.A.*, November 18th, 1939, cxiii, 21.)

The writer discusses the embryological region of the neck, particularly its developmental anomalies; among these are mentioned branchial cysts and fistulas, cystic hygromas, submaxillary and submental inclusion cysts, dermoids and aberrant thyroids.

Wenglowski demonstrated that from the third pharyngeal pouch on either side, two tubules descend into the mediastinum to form the thymus. These tubules pass in the general direction of the sterno-mastoid muscle, lateral to the thyroid but anterior to the carotid sheath. Disturbances in development in these tubules may cause branchial cysts or fistulas. Clinically they manifest themselves as fistulas or cysts containing a mucoid or milky material having a uniformly characteristic position. Although occurring at any level of the neck, the tract invariably runs upward beneath the anterior portion of the sterno-mastoid muscle to the posterior belly of the digastric, where it arches medially behind the stylo-pharyngeus muscle to end in the tonsillar fossa. The course can often be demonstrated by the injection of iodized oil and X-ray examination.

Complete removal to the pharynx is necessary. This may be facilitated by injecting the tract with methylene blue followed by saline irrigation to remove the excess stain.

Any portion of the thyroglossal duct remaining patent may cause a cyst or fistula. They occur in the middle of the neck just below the hyoid and move up on swallowing. Secondary infection is fairly common and they are often taken for abscesses. They may be removed through a horizontal incision. The central section of the hyoid bone must be removed and a portion of the tongue tissue cored out toward the foramen caecum.

According to Goetsch, cystic hygromas probably arise from sequestrations of lymphatic tissue derived from the primitive jugular sacs which failed to join the regular lymphatic system. The tumours are multilocular and contain a clear or straw-coloured fluid. They are usually located near the junction of the internal jugular and subclavian veins. Frequently they invade the surrounding tissues and complete removal is often impossible.

The article has ten illustrations and a bibliography.

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