

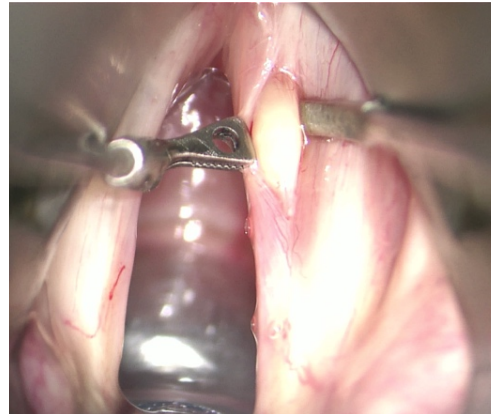
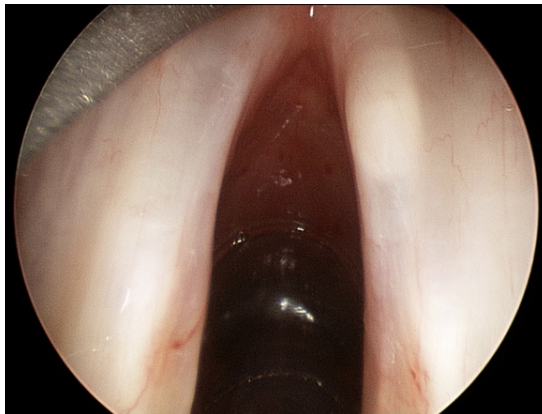
Vocal Fold Cysts

Definition:

A vocal fold cyst is a unilateral (on one vocal fold), benign (not cancerous) fluid filled sac or swelling under the surface layer of the vocal fold. There are two types of vocal fold cyst:

Mucous retention cysts: occur due to a blocked mucous gland within the vocal fold.

Epidermoid cysts: form due to a build up of epithelium trapped below the surface layer of the vocal fold



Vocal fold cyst – removed under General anaesthetic using medial micro-lap

Causes:

The cause of vocal fold cysts is unknown, however research suggests that trauma. This may include using the voice in a strained way, yelling, speaking over background noise for long periods of time or singing in a less than efficient way. Some cysts can also be congenital, meaning that a patient is born with them, though they may not become symptomatic until some years later.

Diagnosis:

On clinical history, hoarseness with a reduced pitch range is the most common symptom of a cyst. In addition, the sensation of a foreign body at the level of the vocal folds, or a feeling of wanting to clear the throat or cough is common.

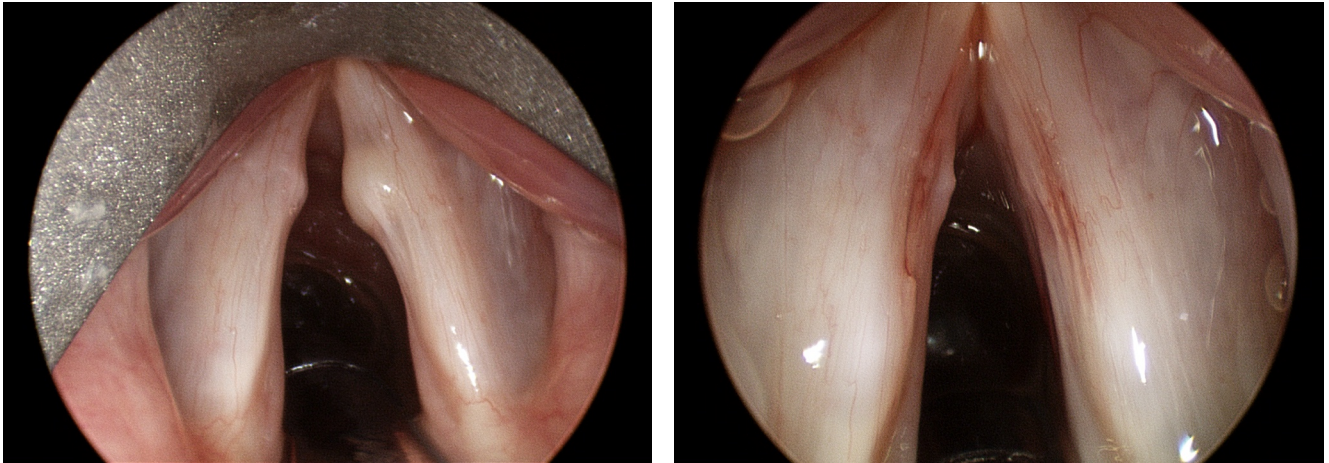
Cysts can be detected via mirror laryngoscopy or nasendoscopy under normal light, however diagnosis can be difficult without stroboscopy.

A stroboscopic evaluation gives us an idea of the vibratory characteristics of the vocal folds, which allows for greater sensitivity in diagnosis. A cyst and an accompanying reactive swelling can often appear similar to 'vocal fold nodules', which require very different management/treatment to a cyst. Correct diagnosis is paramount to appropriate management and successful rehabilitation of the voice.

Management:

Most commonly, a cyst must be removed surgically. Microlaryngoscopy surgery is usually a straightforward day procedure. Your ENT Surgeon and Speech Pathologist will discuss the surgery with you further.

Because incomplete removal may lead to recurrence, every effort must be made to remove the cyst intact. At the same time, the overlying mucosa must be preserved and draped over the area where the cyst was removed to minimize the chance of scar. This type of surgery is technically challenging, since the cyst, which is usually fragile, may be attached to surrounding tissue and is likely to burst or leak if not handled very gently.



Right true vocal cord cyst, left reactive lesion Immediately post microflap removal

The physician must decide how much of a role chronic irritation and phonotrauma play in each individual patient and prescribe medication and voice therapy accordingly.

Initial Recommendations:

Trial 24 to 36 hours of complete voice rest (no whispering or voice production of any type).
Commence voice therapy with a speech pathologist.

Address singing voice use as well if a singer

Discuss with the diagnosing specialist whether short-term use of cortisone is indicated (not the preferred first option but may be indicated if there is evidence of secondary vocal fold inflammation).

Review the diagnosis if there is no progress preferably by undergoing videostroboscopy to determine whether there is an underlying cyst or another lesion such as a polyp.

Review the size and severity of the cyst after voice therapy to determine whether the problem has been remediated without the need for surgical intervention.