

# Laryngocoele formation after ingestion of fish bone

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## DESCRIPTION

A 72-year-old man presented to the clinic with a 3-week history of anterior left neck pain. He described constant discomfort since eating fish a few weeks prior. He recalled pain at the time of eating, and felt he had ingested a fish bone.

There was no dysphagia, dyspnoea or haemoptysis on presentation. He had a medical history of type II diabetes mellitus, with no previous Ear, Nose and Throat issues.

Examination of the neck and oropharynx was normal. There were no palpable nodes or masses. Flexible nasendoscopy demonstrated a normal larynx. A lateral X-ray of the neck was arranged and showed no foreign body.

He was treated with simple analgesia and antacid, with a plan to review in 1 week.

He was reviewed and again examination and nasendoscopy were normal. CT scan revealed a traumatic laryngocoele at the left piriform sinus (figures 1 and 2).

Laryngocoeles are often formed by increased intraglottic pressure and can become symptomatic as a result of a neoplastic process. Cases to date suggest that prolonged or repeated raised intraglottic pressure is enough to cause laryngocoele, and an insult such as trauma may cause it to present itself, or indeed increase to become symptomatic.<sup>1,2</sup>

This particular patient had no evidence of laryngeal disease on both imaging and endoscopy.

A possible complication of a large laryngocoele would include airway obstruction or dysphonia. Management of these is more complex than in this case. Treatment includes an open surgical approach or, in more recent times, CO<sub>2</sub> laser resection.

Our patient was well, with no airway issues, and was easily managed with simple analgesia at home.



**Figure 1** CT revealing left-sided laryngocoele.



**Figure 2** Laryngocoele highlighted.

## Learning points

- ▶ Laryngocoeles are dilatations within the larynx.<sup>1,3</sup>
- ▶ Often, laryngocoeles are asymptomatic but can cause cough, pain, stridor and hoarseness.<sup>1</sup>
- ▶ Laryngocoeles may be caused by increased intraglottic pressure, such as singing, trumpet playing or occasionally malignancy.<sup>2</sup>
- ▶ Formation following trauma is very rare, and trauma may simply cause a pre-existing state to become symptomatic.
- ▶ Treatment may be conservative, surgical or laser resection, depending on each patient and their symptoms.

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