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# Branchial Cyst of the Parotid: a Case Report



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## Introduction

Cystic lesions within the parotid gland are rare and clinically they are frequently misdiagnosed as tumors. Branchial (lymphoepithelial) cysts are most commonly found in the lateral cervical region below the angle of the mandible, anterior to the sternomastoid muscle. However, sometimes they can occur in the parotid. Branchial cysts of the parotid are frequently misdiagnosed due to their rarity. Complete excision with a sufficient margin of normal tissue around the cyst is recommended by many authors as treatment, but the diagnosis is rarely made pre operatively.

## Case Report

A 49 year-old man presented to the otolaryngology HNS clinic Dr. M. Djamil General Hospital Padang with swelling at right neck below the auricle that had been present for one and a half years and had gradually increased.

On extra oral examination revealed that 6 cm x 6 cm diffused soft swelling with part of fluctuating in the right pre and inferior auricular area. The overlying skin noted to be normal in colour and freely moveable over the mass. The swelling sometimes inflamed that reduced with antibiotics. The function of facial nerve was normal.

The cytological examination suggested a benign cystic lesion. Computed tomography (CT) scan demonstrated a 3 x 2-cm well-circumscribed mass within the right parotid gland, which suggested an benign mass in the parotid with a predominance of cysts.

Our initial surgical plan was a superficial parotidectomy with facial nerve preservation, however, during the operation, we found that the cyst was located medially to the facial nerve. After superficial parotidectomy we gently retracted the buccal and marginal mandibular branch of the facial nerve and completely excised the cyst. The Pathological examination of surgical specimen showing the cyst wall was lined with cuboidal-columnar epithelium, the stroma consists of connective and lymphoid tissue in accordance with a branchial cyst. No sign of recurrence was noted after a follow-up period of 12 months.

## Figures



Figure 1. A. Enlarged right parotid gland. B and C. Computed tomography scan showing a cystic mass in the parotid.

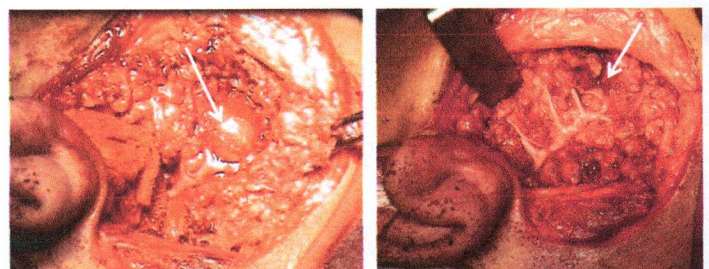


Figure 2. A. The cyst was located medially to the facial nerve. B. Tumor bed after excised

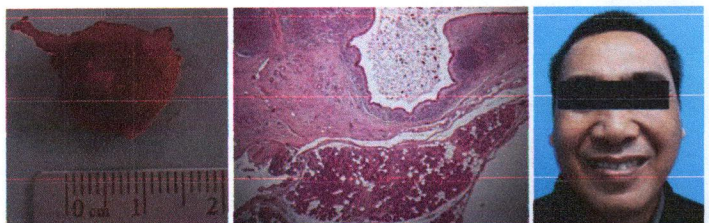


Figure 3. A. Cystic mass 1.5 x 1.5 cm in size was completely excised. B. Histopathology of surgical specimen. C. Post operative.

## Conclusion

Branchial cysts were found to be a very rare condition presenting as parotid mass. We should always be aware of these cysts as a possibility in the differential diagnosis of parotid tumor.

## References

1. Meng-Feng C, Shir-Hwa U, Shih-Ming J, Yao-Liang C, Kai-Ping C. A Type II First Branchial Cleft Cyst Masquerading as An Infected Parotid Warthin's Tumor. *Chang Gung Med J* 2006; 29(4):435-8.
2. S. Rahman, R. Shaari, R. Hassan. Parotid Lymphoepithelial Cyst: A Case Report. *Archives of Orofacial Sciences* 2006; 1: 71-5.
3. Upile T, Jerjes W, Al-Khawalde M, et al. Branchial cysts within the parotid salivary gland. *Head & Neck Oncology*. 2012;4:24. doi:10.1186/1758-3284-4-24.

