

## Hygroma. Report, a Case

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### ABSTRACT

Cystic hygroma was first described in 1828 and referred to as a “moist tumor.” Today, this benign developmental tumor is recognized as a lymphatic malformation (also known as a lymphangioma). Cystic hygroma is a benign lymphatic malformation representing 5% to 6% of all benign tumors and 1% of all tumors (benign and malignant). Most (90%) cystic hygromas will manifest by age two, although there are reported cases in the literature of cystic hygroma presenting in adults. Cystic hygromas are among the most common congenital neck masses. The symptoms initial can be asymptomatic, painless lesion unless infected or bleeding progression: Continues to increase in size, 90% symptomatic by age 2 years. They have a predilection for the left posterior triangle and manifest early in life. Although various locations of cystic hygromas are found in the literature, distribution: Neck (60%), other locations : Chest Wall, Mediastinum, Axilla; Rare locations: Inguinal región and retroperitoneal region.. Pathophysiology the Congenital lymphatic malformation can be a Lymphatic vessel fails to connect and drain. Surgical excision is the treatment of choice, but injection of a sclerosing agent into the cyst is an alternative procedure. Pregnancies complicated by fetal cystic hygroma in the second and third trimesters are often associated with hydrops fetalis, oligohydramnios or intrauterine fetal death which may make genetic assessment more difficult. The results in large multiloculated cyst sometimes are associated conditions: Turner's Syndrome, Noonan's Syndrome, Down Syndrome. 1-4

The diagnosis must be early, a Hygroma is key to preventing its serious consequences. Unfortunately, early detection of this is sometimes difficult, because the symptoms may be subtle and may not appear in the beginning stages of growth. Also, headache, hearing loss, dizziness, and tinnitus are symptoms of any inner ear problems. Therefore, once the symptoms appear, a thorough ear examination and hearing test are essential the study the vestibular function through of vestibuloespinal, retinoocular, vestibuloocular systems in the Cranio-Corpo-Graphy (CCG), the Test of Balance (TOB) and the Computerized Electronystagmography (CNG). in order to determine and orientate a better vestibular diagnosis. Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI) are helpful in determining the location and size of a hygroma and also in planning its removal. 5-8

Key words: hygroma, vertigo, tinnitus, hearing loss

### MATERIALS AND METHODS

Medical records of patients with vertigo treated by between 1993 and 2008 were reviewed from our Neurophysiology Otolaryngology Clinic, we found a patient with diagnosis of hygroma and recorded his sex, age, his cause of consultation and his results of the audiological and otoneurologic studies. 9-15

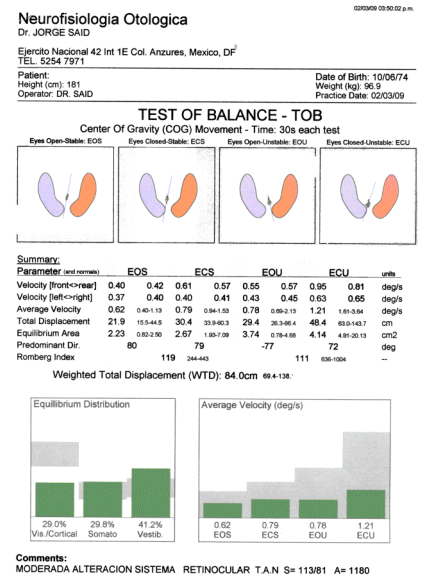
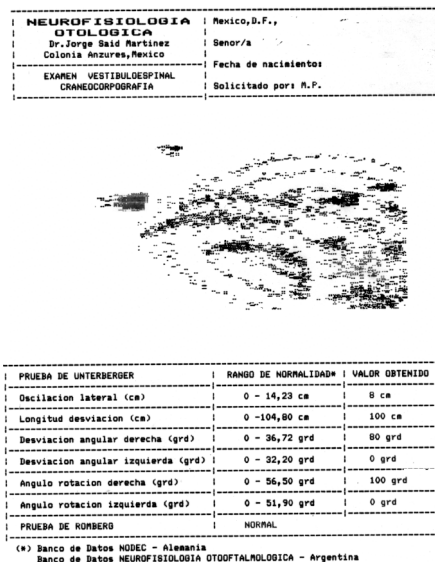
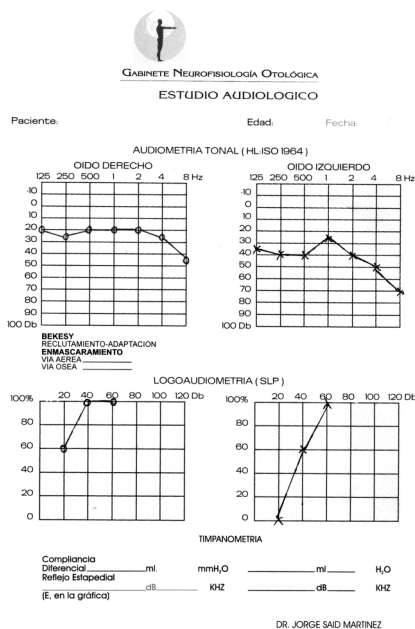
Patient of 35 years old man, background of head traumatic was a child, slow hearing loss left develop as well as tinnitus and dizziness.

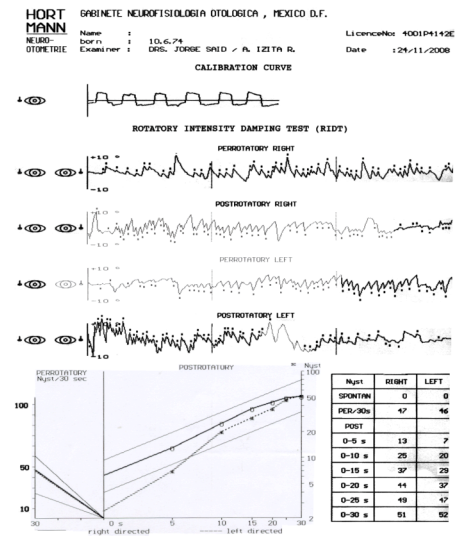
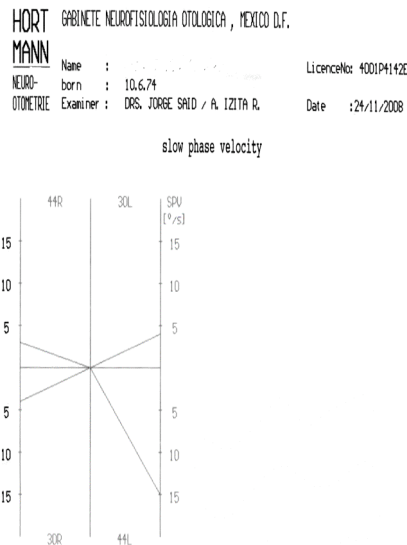
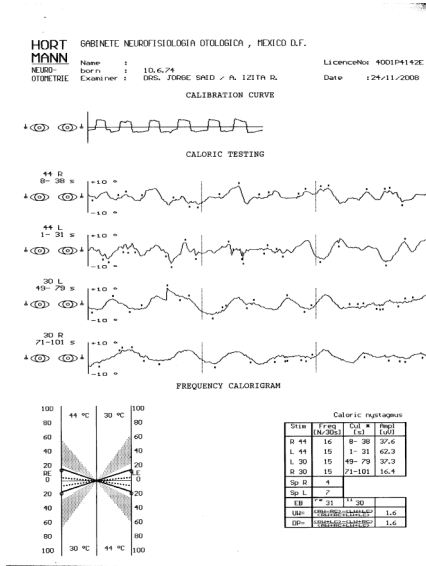
The first diagnosis was "Syndrome Central Vestibuloespinal" but after to do the MRI showed normal ventricular size with a laminar left cerebella hygroma, extending to the posterior inter hemispheric fissure. The collection had no blood signal and expanded during observation., After we did Otoneurologies studies we diagnosed the etiology laminar left cerebella hygroma.

We applied a detailed questionnaire to the patient a[NODEC IV (Germany)] a Neurophysiology Otoophthalmologic ENT- examination (Argentina), we used the Cranio-corporography (CCG) and Test of Balance (TOB). We did a polygraphic charting of the patient's nystagmus through the Computarized Electronystagmography (CNG) by Horttmann equipment, using paired electrodes across different movement axis (horizontal and vertical) of the eyes, a signal amplifying system and time chart recorders, spontaneous nystagmus, slow phase of the nystagmus, saccadic eye movements, eye tracking and optokinetic test..*Quantitative vestibular ocular tests, the Butterfly Calorigrama, the optokinetic nystagmus* and Rotatory nystagmus test (RIDT by Claussen) are studies. Computerized Tomography(CT) and a Magnetic Resonance Imaging (MRI).16,17,18

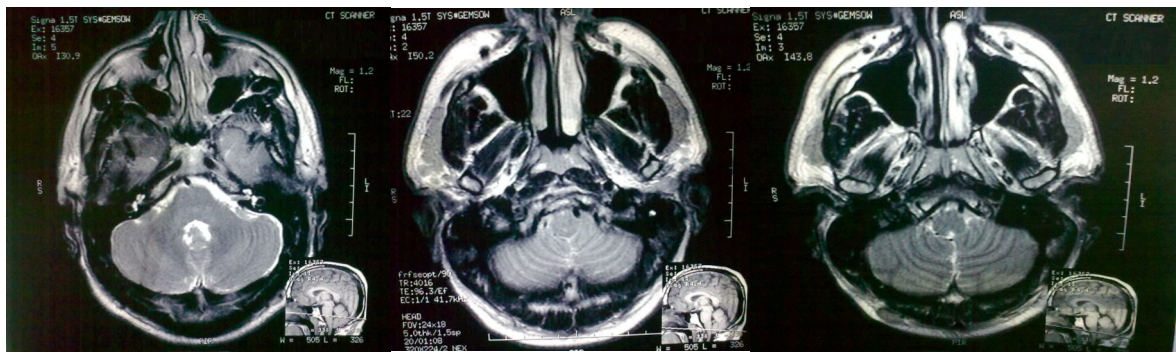
## RESULTS

We show you the audiometric, logaudiometric, the Cranio-corporography (CCG) and Test of Balance (TOB). Computerized Electronystagmography (CNG), Computerized tomography(CT) and Magnetic Resonance Imaging (MRI). We can see the results in 2008.When he was coming for the first time

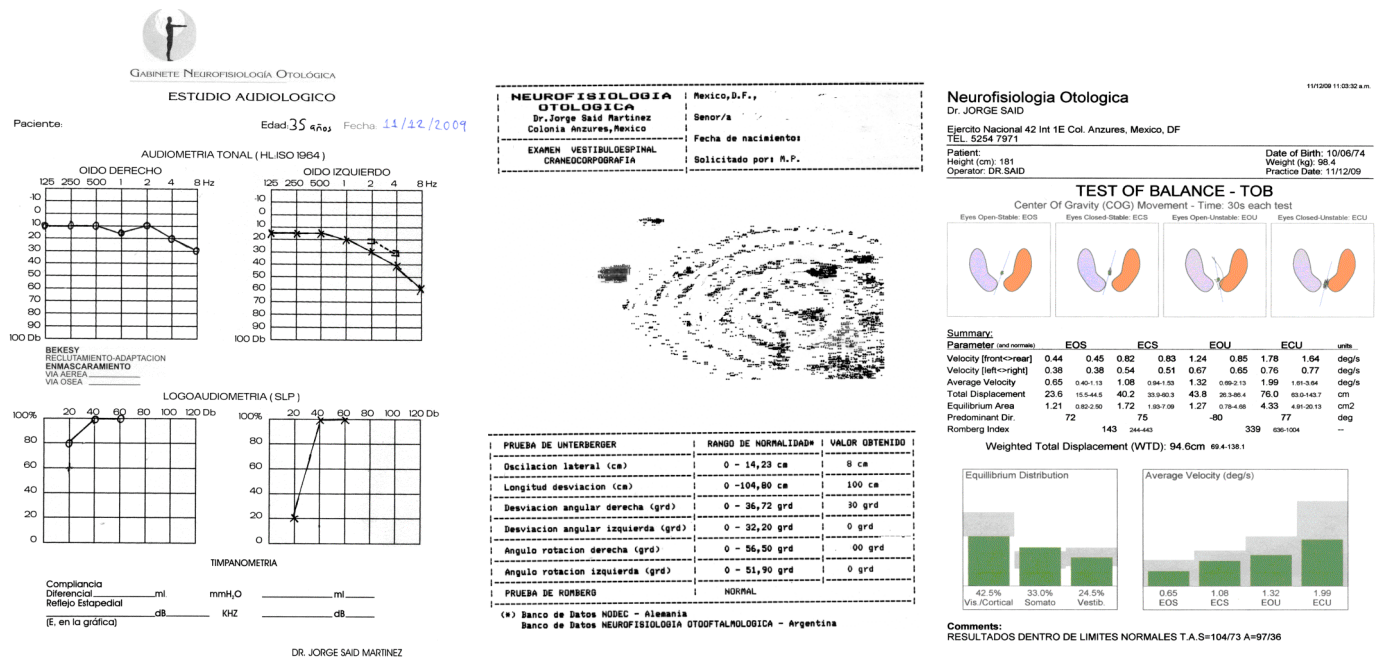




Computerized Tomography(CT) and Magnetic Resonance Imaging (MRI) results. The MRI showed normal ventricular size with a cerebella hygroma, extending to the posterior interhemispheric fissure. The collection had no blood signal and expanded during observation.



We can see the results in 2009 after medical treatment by 6 months. We show you the audiometric, logaudiometric, the Cranio-corpora-graphy (CCG) and Test of Balance (TOB).



## CONCLUSIONS

- Early diagnosis of an hygroma to preventing its serious consequences. Unfortunately, early detection of the tumor is sometimes difficult, because the symptoms may be subtle and may not appear in the beginning stages of growth.
- Also, hearing loss, dizziness, and tinnitus are common symptoms. Therefore, once the symptoms appear, a thorough ear examination, hearing test and vestibular studies are essential for proper diagnosis.
- Craniocorpography (CCG), Test of Balance (TOB) and Computerized Electronystagmography (CNG), Computerized tomography (CT) and Magnetic Resonance Imaging (MRI) are helpful in determining the location and size of a hygroma and also in planning its removal.
- The differential diagnosis of hygroma includes several conditions of the head, neck, presenting as soft, benign cystic lymph node, lipoma, and plunging ranula.

- Treatment for hygroma is removed surgically, a variety of treatment options have been tried, including surgical excision, aspiration, radiation, and sclerosing therapy. The opinions on the management are divergent; the recent trend is towards wide excision to prevent recurrence. When it is still small, as the tumor grows larger, surgical removal is often more complicated to the other organs or nerves that control, hearing and balance.

-Prognosis is generally good, depending where it is, although recurrence is relatively common and seen in 80% of cases.

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