



IMAGES IN OTORHINOLARYNGOLOGY

Parapharyngeal extension of a giant tracheocele

Traqueocele gigante de extensión parafaríngea

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We present a patient of 44 years with a history of pneumonia 3 years ago. She attended the emergency room with fever, odynophagia, right cervical pain, accompanied by cough, and some yellow sputum. Clinical examination showed a right cervical tumour of 4 cm in diameter. The

Figure 1 Ultrasound: mixed lesion containing liquid/ air in the right lower cervical region with posterior extension and with intrathoracic component.

Figure 2 Reconstruction with projection of maximum intensity of the tracheocele and its relation to the main bronchial tree.

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Figure 3 Image of cervical CT with oral contrast. A large air lesion is identified (tracheocele) in the right paratracheal region extending into the posterior tracheal region and does not communicate with the esophageal lumen nor is it filled with oral contrast.

nasofiberoptic evaluation was normal. Cervical ultrasound showed a fluid-filled cystic formation with a diameter of about 6.4 cm (Figure 1). Suspecting a large Zenker's diverticulum, a study with oesophageal transit was carried out, which was normal. The diagnosis of tracheocele was confirmed by cervicothoracic computed tomography (CT), (Figures 2 and 3).

Tracheoceles are a little known entity on which there are few references in the literature. The first case was published by Addington et al¹ in 1944; however, as quoted by Scholl² it was Rokitsansky who first described it. The prevalence of this disorder is estimated at 1%³

The tracheoceles can be classified into congenital or acquired. Usually, the most common form in adults is acquired,⁶ and they are usually presented with concomitant chronic bronchopulmonary disease.^{4,5}

Clinically, there are no specific symptoms associated with this disease.^{2,3} It is most often found with a cervical tumour. In extreme cases, they can cause pneumomediastinum by perforation of the tracheocele.⁷

For its diagnostic, the most sensitive and specific imaging test is CT. The findings are typical (Figures 2 and 3). There is no defined treatment protocol, and surgery is elective.³

Conflict of interests

The authors have indicated there is no conflict of interests.

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