04th October 2015

The President,

Society of Surgeons,

Trinidad and Tobago.

Dear Mr. Ramnarine,

Thank you for granting me the opportunity to participate at the National Surgical Grand Rounds scheduled for October 17th 2015. As per your request, kindly take note of the following:

Paper Title: A case of bilateral branchial anomaly

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Department: Paediatric Surgery

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Presenter: Dr. Shanta Baijoo

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I will be looking forward for your response.

Regards,

Dr. Shanta Baijoo.

Title: A case report of bilateral branchial anomaly.

Objective: To illustrate a case of bilateral branchial anomaly

Introduction: Branchial cleft anomalies are the second most common congenital malformation of the head and neck region in the paediatric population. These lesions are primarily due to incomplete obliteration of the branchial apparatus. They can present as cysts, sinuses or fistulae. The anomalies may present acutely as they may be superimposed with infection. This report highlights a case of bilateral branchial anomaly.

Case summary: A 2 month old male infant with known bilateral neck sinuses since birth complained of a discharge from left sinus and recurrent episodes of superficial neck infection. Clinical examination demonstrated a sinus anterolateral and medial to the sternocleidomastoid muscle on the right and left respectively. A CT and sinogram revealed a 2.8cm sinus tract extending from the right tonsillar fossa to the supraclavicular region of neck on the right. Similarly, a 2.6cm sinus tract extending from the left inferior horn of the hyoid bone up to the lower neck was found on the left. Intra-operatively, findings included an 8cm long fistula extending into the peritonsillar fossa which was excised from the right and a concomitant 4cm long sinus tract with a dilated pouch proximally was removed from the left. Currently, follow up after has been unremarkable.

Discussion: Amongst the branchial cleft abnormalities, second cleft lesions account for 95% of cases. Bilateral anomalies are rare since they account for about 2%-3% of all cases and they tend to show a familial association. Furthermore, only 5 cases of bilateral branchial fistulae have been documented in the English literature. Treatment includes conservative in the presence of an acute infection however definitive treatment involves excision of sinus and tract.

Conclusion: The incidence of bilateral branchial anomalies is relatively uncommon.