



# **PEDIATRIC SURGERY Update** ©

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### **Jugular Phlebectasia**

A mass that appears in the neck upon straining (Valsalva maneuver), coughing, sneezing or crying may be the result of a laryngocele, jugular phlebectasia or superior mediastinal tumor. Jugular phlebectasia (also known as venous congenital cyst, venous aneurysm, venous ectasia or essential venous dilatation) refers to an isolated abnormal fusiform or saccular dilatation of the internal jugular vein and it usually present with a swelling in the right posterior triangle of the neck. Most patients are children, boys being more twice as often affected as girls. Phlebectasia may affect any vein in the neck, especially in this sequence: internal jugular, external jugular, anterior jugular and the superficial communicans. Jugular phlebectasia is an asymptomatic benign condition whose etiology is unknown. Absence of a wide mediastinum or air in the mass on simple chest films eliminates a mediastinal tumor or laryngocele respectively. Non-invasive diagnosis of jugular phlebectasia can be achieved using ultrasonography combined with Doppler flow imaging and spiral computerized tomography scan with contrast. No treatment is indicated for this benign self-limiting condition, except for the few patients who complain of symptoms (feeling of constriction, choking, bluish discoloration, thrombosis, discomfort during physical activity or tongue pain) and require surgical removal of the affected vein. Surgical removal for cosmetic purposes alone consists of a unilateral excision of the internal or external jugular vein, a procedure that produces no gross side-effects.

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### **Ganglion Cysts**

Ganglion cysts are synovial cysts that appear in the wrist or foot after minor trauma or stress. Most occur in the dorsal wrist area. Presence of a colorless to pale-yellow

gelatinous material in the aspirate is pathognomonic of ganglion cysts. FNA smears are monotonous showing abundant mucoid material, single cells resembling histiocytes, a few tight clusters of cells, some collagen fibers, and some red blood cells with altered shapes. Serial microscopic studies have shown evidence of a one way valvelike system between the affected joint and the ganglion. Diagnosis is physical, though ultrasound findings (cysts with a mean diameter of 1.4 cm and projection into the joint or tendon) are of help. Management consists of excision. Recurrence rates are high ranging between 10 and 35%. Ganglion cysts in the volar aspect of the wrist have a higher incidence of postoperative complications (nerve and radial artery damage). Intralesional injection of hyaluronidase has been found a safe, fast, well accepted and cost-effective alternative to surgical excision.

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## Anal Warts

Warts in the perianal region of prepubertal infant or child most commonly are the result of human papilloma virus (HPV) infestation. Main clinical manifestations of anal warts are cauliflower-like Condylomata Acuminata that usually involves moist surfaces, keratotic and smooth papular warts usually on dry surfaces, and subclinical flat warts that can be found on any mucosal or cutaneous surface. Mode of transmission can occur from an infected maternal birth canal (perinatally), by autoinoculation or heteroinoculation from common hand warts, through sexual abuse and possibly indirect transmission via fomites. Often, the mode of transmission is unknown. HPV-DNA typing is a useful technique that helps identify the genital types involved (6 or 11, 16 or 18) alerting the physician to proceed with a careful assessment for sexual abuse. Predisposing factors for anal warts include social problems, lack of hygiene, promiscuity, diabetes and ammoniacal erythema. The appearance of the papilloma is diagnostic. Management includes cytotoxic agents (podophyllin, podophyllotoxin and fluorouracil), destructive procedures (scissor excision, cryotherapy, electrocautery, and laser photocoagulation) and recently topical interferon hydrogel. In case of transmission by sexual abuse child protection is warranted.

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