Cystic Hygroma

BIRTH DEFECT RESEARCH FOR CHILDREN

What is Cystic Hygroma?

Cystic Hygromas are benign malformations of the lymphatic system. They are characterized by fluid-filled masses that occur at sites of lymphatic-venous connection, most frequently in the neck. If the mass is large, it can extend into the mouth, face, and chest.

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How many children have Cystic Hygroma?

Cystic Hygroma makes up about six percent of all benign tumors in children and occurs equally in boys and girls.

How do you know if your child has Cystic Hygroma?

Cystic Hygroma can sometimes be detected prenatally by ultrasound examination, depending on the extent of the condition. Most of these masses are apparent at birth or within the first three years of life. Often they are noticed in infancy after an upper respiratory tract infection. Symptoms may include a mass in the mouth, cheek, tongue, or lower side and back of the neck. Diagnosis is generally determined by a complete medical history, physical examination, transillumination (passage of light through tissues), and computed tomography (CT) scan (combination x-ray and computer technology).

What causes Cystic Hygroma?

Lymphatic malformations occur in early development as a result of the embryonic lymphatics failing to connect with the venous system. Cystic masses form when the lymphatic vessels become blocked and enlarged as lymphatic fluid collects in them. Cystic Hygromas are known to be associated with fetal alcohol syndrome, trisomies, Down Syndrome, and Turners Syndrome.

How can you help a child with Cystic Hygroma?

Your child's physician will determine the specific treatment for Cystic Hygroma based on your child's age, overall health, medical history, extent of the condition, and tolerance for various therapies. Small masses may not require any treatment. Large masses which obstruct the airway may require a tracheostomy, but this is rare. Other treatment may include laser treatment, antibiotic medications for infection, incision and drainage, attenuated bacteria (OK432) injections, or surgery to remove the mass.

What's in the future for a child with Cystic Hygroma?

When diagnosed prenatally, it is usually so severe that it has a poor prognosis. Diagnosis after birth is generally associated with a good prognosis but depends on the location, size, and growth of the mass. Small masses are usually asymptomatic, while large masses usually require intervention and can be difficult to manage. If residual disease remains after surgery, recurrence is possible. With adequate treatment, children can have a normal life span.

Fact Sheet by:

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