

**ABSTRACT**

**EDUCATIONAL OBJECTIVE**
At the conclusion of this presentation, participants should be able to appreciate the possibility of a supraclavicular thoracic duct cyst as well as understand the diagnostic steps and treatment.

**OBJECTIVES**
Discuss the incidence, presentation, diagnosis, and treatment of a supraclavicular thoracic duct cyst. Describe a case report with this diagnosis.

**STUDY DESIGN**
Case report

**METHODS**
71 year old female with several month history of enlarging left neck mass. Work up included ultrasound, FNA and CT neck/chest. The FNA demonstrated a triglyceride level 994 and the CT revealed a cyst measuring 5.6 x 3.7 cm at the base of the left neck with mediastinal extension. Diagnosis of thoracic duct cyst was made and she was consented for excision via the left neck utilizing a combined approach with head and neck and thoracic surgical teams.

**RESULTS**
Removal of the cyst was successfully completed through the left neck. The thoracic duct was ligated inferior to the cyst in the superior mediastinum as well as at the communication with the subclavian vein. Pathology revealed a vascular channel consistent with the thoracic duct. The patient is now several months post op without recurrence of the cyst or any morbidity.

**CONCLUSIONS**
Supraclavicular thoracic duct cysts are a very rare entity with just over twenty being reported in the literature. However, one should consider the differential diagnosis to include a thoracic duct cyst for a low lying cystic mass in the left neck. Once correctly diagnosed, they can be safely removed through a transcervical approach. It is advised to have a thoracic surgical team available should the need arise for a sternotomy or intervention in the chest.

**INTRODUCTION**

The thoracic duct collects lymphatic fluid from the body, ascends from the abdomen through the right posterior mediastinum and drains into the venous system at the left subclavian/internal jugular vein junction. Cystic dilations can occur at any point along its course, but are uncommon.

**CASE DESCRIPTION**

A 71 year old female with several month history of enlarging left neck mass (Figure 1) presented to clinic. Work up included ultrasound, FNA and CT neck/chest. The FNA demonstrated a triglyceride level 994 and the CT revealed a cyst measuring 5.6 x 3.7 cm at the base of the left neck with mediastinal extension (Figures 2 and 3). Diagnosis of thoracic duct cyst was made and she was consented for excision via the left neck utilizing a combined approach with head and neck and thoracic surgical teams.

Removal of the cyst was successfully completed through the left neck (Figure 4) using a transcervical approach. The thoracic duct was ligated inferior to the cyst in the superior mediastinum as well as at the communication with the subclavian vein (Figure 5). The specimen was removed intact and in its entirety. Pathology revealed a vascular channel consistent with the thoracic duct.

The patient is now several months post op without recurrence of the cyst or any morbidity.

**REFERENCE**
