

INTERNAL BRANCHIAL FISTULA

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Internal Branchial fistula, a rare congenital anomaly with internal opening of the tract in the tonsillar region.

CASE REPORT

A fifteen year old girl reported to the surgical outpatients department of D.H.O. hospital. She had small discharging sinus on the right side of front of neck since birth (Figure).

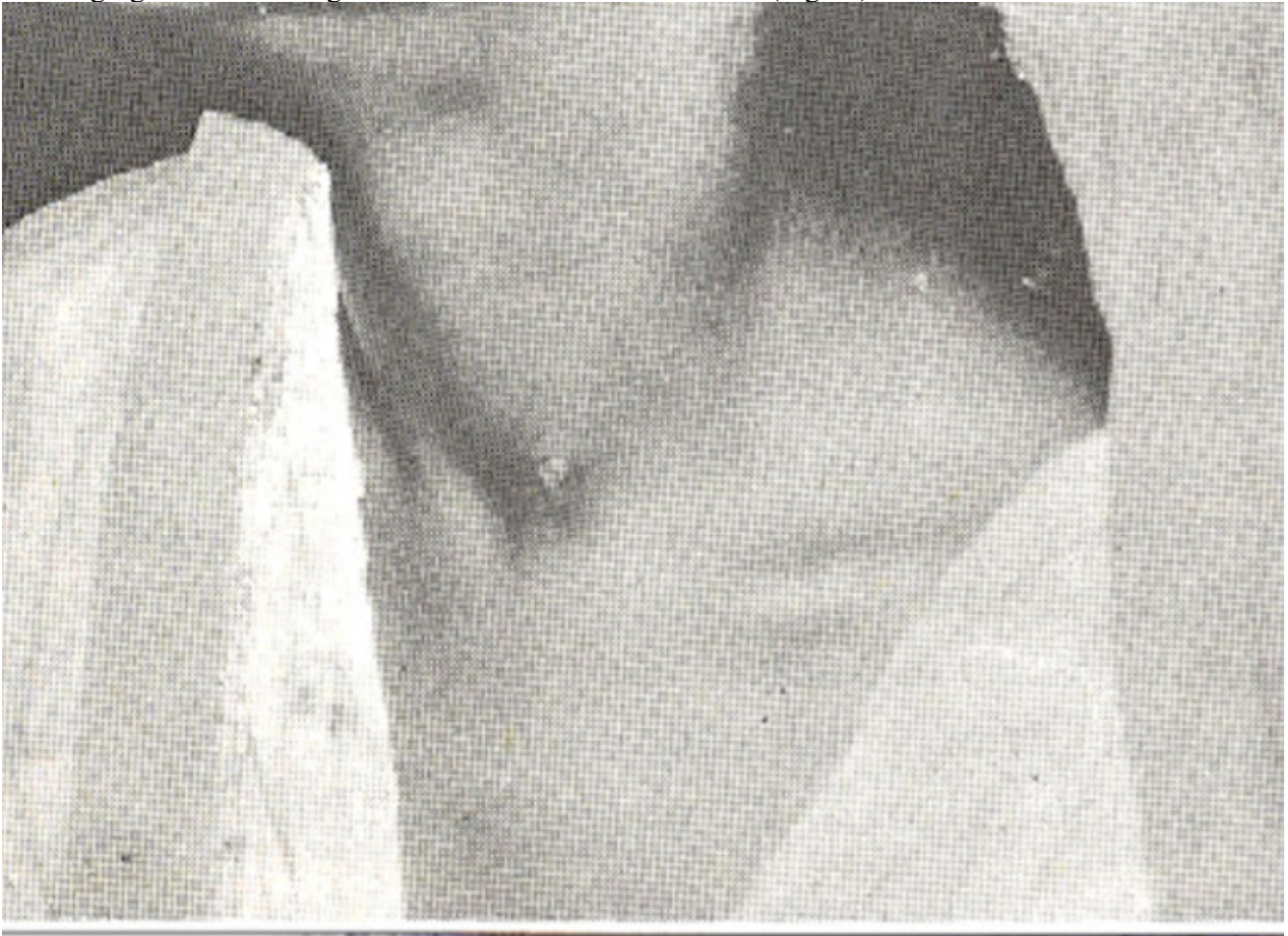


Figure. External opening of Branchial fistula, a typical site.

Sinogram showed fistula canal extending from the lower third of anterior border of sterno mastoid to the lateral pharyngeal wall. Indirect laryngoscopy revealed end was divided flush with the pharyngeal wall. Histology report was fibromuscular tissue lined by pseudostratified columnar cells infiltrated by lymphocytes. The findings were consistent with Branchial fistula.

DISCUSSION

Branchial fistula is one of the Bronchial cleft anomalies occurring due to incomplete obliteration of the pre-cervical sinus in the sixth week of development. A rare anomaly internal branchial fistula^{1,2} where cervical sinus is then connected to the lumen of the pharynx by a small canal, which usually opens in the tonsillar region as reported in our case. The fistulous tract passes through the fork of carotid bifurcation and between the hypoglossal and glossopharyngeal nerves. Sinogram is simple and useful investigation prior to surgery to define the extent of the tract. Recurrent inflammation and infection are the common complications. Complete excision of tract is required to prevent recurrence. For better cosmetic results, two or more transverse incisions³ are preferred over a single vertical incision.

REFERENCES

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2. Rains, A.J.H. and Ritchie, H.D. Bailey and Love's short practice of Surgery, 19th ed. London, Lewis, 1984, p. 595.
3. Rintoul, R.F. Farquharson's textbook of operative surgery, 7th ed. Edinburgh, Churchill Livingstone, 1986, p. 240.