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Bilateral Cervical Chondrocutaneous Remnants: A Case Report

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Abstract: Cervical chondrocutaneous remnants are uncommon congenital lesions which may be unilateral or bilateral. Although the clinical characteristics of these lesions are well described, their embryological origin is debated. Treatment of these lesions are complete excision, but before the excision, clinicians must consider that these lesions are associated with several anomalies and malformations. We report a 25 year old man presenting with bilateral cervical chondrocutaneous remnants who has no malformations or anomalies. Complete surgical excision was carried out without any complication or recurrence.
Keywords: Branchial arch anomalies, Cervical, Chondrocutaneous remnant, Neck

INTRODUCTION

Congenital anomalies of the head and neck are usually cysts and sinuses. Cervical chondrocutaneous remnants are uncommon lesions which may be unilateral or bilateral. Bilateral lesions are extremely rare and few cases have been reported. The importance of these lesions is that they may be a marker of other serious congenital anomalies. Hence a complete physical examination and if necessary imaging methods must be performed [1-3]. We report a 25 year old man with bilateral cervical nodules which were removed surgically.

CASE REPORT

A 25-year-old man was referred with bilateral cervical nodules that were present from birth. The patient desired removal of these nodules for both cosmetic reasons and prevention of injury when putting on a shirt. The patient was healthy with no other history of medical problems or malformations. There was no family history of similar lesions. Nodules were symmetrically located in the lower third of neck, anterio-medial to the sternocleidomastoid muscles. Lesions had diameters of 1cm at both sides and were painless, skin colored and smooth (Fig. 1). Physical examination did not reveal any inflammation or purulant drainage. Surgical excision was done under local anesthesia. Lesions extended into the neck and connected to the fascia at the anterior part of sternocleidomastoid muscle on both sides (Fig. 2). There was no connection with deep underlying structures. Histopathological examination confirmed that the lesions were covered by keratinizing squamous epithelium; beneath the epitelium dermis contained hair follicles and deeper layers contained cartilage and fatty tissue (Fig. 3). After a 6 months follow up there were no signs of complications or recurrence.

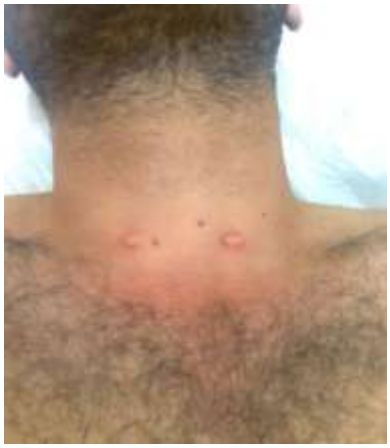

Fig. 1: Bilateral-symmetrical nodules of the neck

Fig. 2: Lesions connected to the fascia at the anterior part of sternocleidomastoid muscle

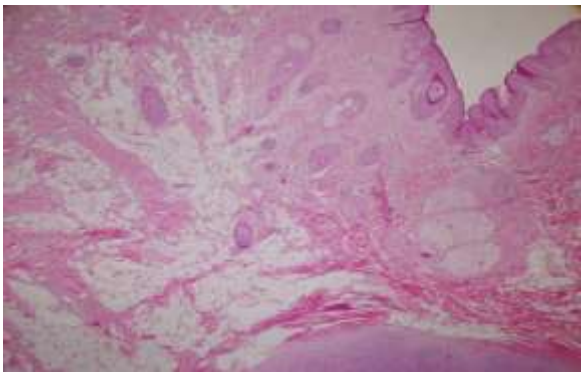

Fig. 3: Histopathology: lesions were covered by keratinizing squamous epithelium; beneath the epitelium dermis contained hair follicles and deeper layers contained cartilage and fatty tissue (H&E, x100)

DISCUSSION

Cervical chondrocutaneous remnants are uncommon congenital lesions which are unilateral or bilateral. Bilateral lesions are very rare compared to unilateral lesions [1]. The term cervical chondrocutaneous remnants was first described by Atlan *et al*. in 1997 [4]. Before this description these lesions were classified under different names such as wattles, tragi, choristomas, rests, etc. since their embryological origin is debated [1]. Some authors believed their origin was branchial arch remnants, on the other hand the others believed in an ectopic auricular tissue origin [5]. The clinical characteristics of cervical chondrocutaneous remnants are always present at birth and usually located in the middle or lower third of the neck, and anterior to the sternocleidomastoid muscle [6]. According to Atlan *et al*. these lesions are markers of other malformations or anomalies. Therefore careful examination and if necessary further tests like abdominal ultrasonography must be performed to show genitourinary tract anomalies [4]. In our case the patient has no malformations or anomalies. Complete excision of these lesions is sufficient and shaving these remnants is not recommended [5].

In conclusion cervical chondrocutaneous remnants are uncommon congenital lesions of the neck. Bilateral lesions are even rarer. To current date in the Pubmed database we found 7 bilateral cases. The choice of treatment is complete surgical excision with an excellent postoperative outcome. Excision should be done under general anesthesia or local anesthesia according to the patient's age. Eventually clinicians must consider that these lesions may be a marker of malformations or anomalies.

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