Pattern of congenital neck masses in a Kenyan paediatric population

Abstract:

The distribution of congenital neck masses varies between countries and is important in diagnosis and treatment modalities. Data from Africa is scarce, and altogether absent from Kenya. OBJECTIVE: To describe the pattern of congenital masses in a Kenyan paediatric population. SET UP: Kenyatta National Hospital, Nairobi Kenya. STUDY DESIGN: Prospective descriptive cross-sectional. METHODOLOGY: Children aged 15 years and below with neck masses who presented to various surgical clinics and wards at the Kenyatta National Hospital between December 2006 and April 2007 were included in the study. They were examined for age, gender, type and location of the neck mass. Mode of investigation and final diagnosis were recorded. Data was analyzed by using statistical package for social sciences. Descriptive statistics were applied to determine means, frequencies and modes. Ninety-five percent confidence interval was used and p value of 0.05 taken as significant. Data are presented in form of tables. RESULTS: Two hundred and thirty-five children (129 male) with neck masses were examined. Fifty-one (22%) of these masses were congenital. Thyroglossal duct cysts were the most common (29%) followed by cystic hygromas (21%) and branchial cleft cysts (20%). Fifty-one percent of the masses were present at birth. The midline was the most common location (31.4%) followed by anterior border of sternocleidomastoid (27.5%) and submandibular region (19.6%). Ultrasound was the commonest diagnostic investigation. CONCLUSION: Congenital defects constitute an important differential diagnosis for paediatric neck masses in Kenya. Thyroglossal duct cysts, cystic hygromas and branchial cleft cysts are the most prevalent occurring most commonly in the midline and anterior border of sternocleidomastoid muscle. An understanding of the distribution of these masses improves diagnosis, preoperative decision making and their overall management.