

Nasopharyngeal Sialocele Excision With An Electrosurgical Snare

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Nasopharyngeal sialocele excision with an electrosurgical snare

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A 9-year-old female spayed Pug presented to a referral hospital for marked obstructive apnoea and intermittent sneezing episodes.

On presentation, the dog had mild tachypnoea and increased inspiratory effort when sleeping. An upper airway examination and computed tomography (CT) scan were performed. A nasopharyngeal mass was observed during the upper airway examination using retroflexed endoscopy. On CT scan, the dorsal nasopharyngeal mass measured ~1 cm in diameter, filling the lumen and effaced onto the soft palate on its ventral aspect.

Endoscopic guided electrosurgical snare cauterisation was performed under general anaesthesia within 1 to 2 minutes with no hemorrhage or overt inflammation. No complications were noted during and post-procedure. The dog was eupneic, eating by that evening and discharged uneventfully the next day. The tenacious mucoid discharge suctioned from the ruptured nasopharyngeal mass was submitted to QML Pathology for cytology, and the results were consistent with a nasopharyngeal sialocele (NPS).

This case report provides a novel, minimally invasive approach that is likely equally effective as surgical excision to achieve the same curative intent. The technique involved utilising an electrosurgical snare to excise the NPS. Screening for NPS should be performed in all brachycephalic breeds undergoing brachycephalic obstructive airway syndrome surgery to optimise post-operative outcomes. In addition, CT characteristics of a sialocele can be inconsistent with what has been previously reported and need to be interpreted with caution until a definitive diagnosis is obtained with cytology and/or histopathology.¹

Word Count: 236 words

References

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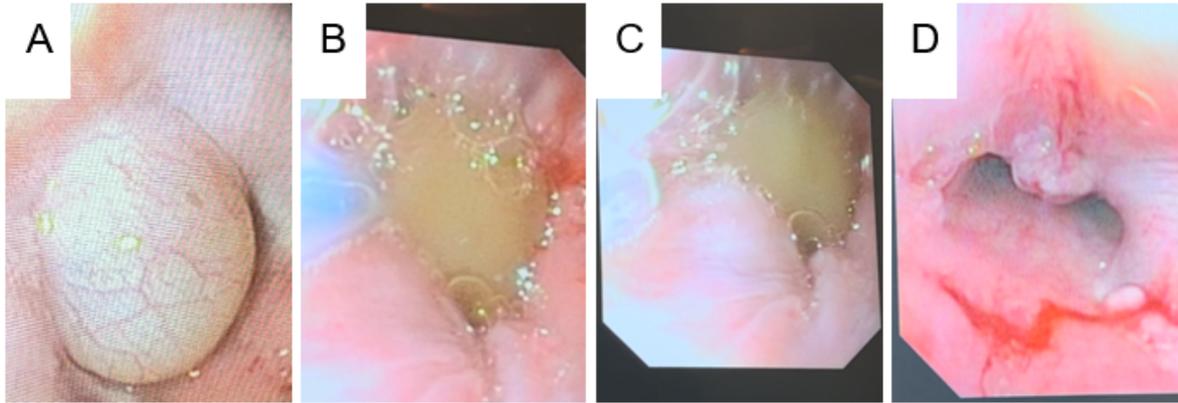


Figure 1- A to D: Pictures of the process