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TYPE: ORAL PRESENTATION

CATEGORY: NON - VASCULAR INTERVENTION

#### TITLE

Safety and Efficacy of bleomycin sclerotherapy following ethanol lavage in the treatment of benign neck cyst

### **BACKGROUND**

Benign neck cyst has traditionally been surgically treated by surgical excision. Surgical excision is a definitive treatment with very low recurrence rates. However, open surgical interventions carry risks of injury to adjacent structures, infection, and bleeding. It may be difficult for poorly defined, expansive lesions. Therefore, there is a need for a nonsurgical minimally invasive treatment of benign neck cyst. Sclerotherapy for benign neck cyst is currently being performed using various chemical ablation agents. In general, sclerotherapy for benign neck cyst is treated using single sclerosing agent. If two agents with different mechanisms are used in combination, the effect may be maximized. In addition, if cyst mucosa is washed with alcohol lavage prior to sclerotherapy, the effect of sclerotherapy can be enhanced by helping the sclerosing agent penetrate the cyst wall. Therefore, the purpose of this study was to evaluate the treatment efficacy and safety of bleomycin sclerotherapy following alcohol lavage for benign neck cyst.

### **METHODS**

Between March 2009 and September 2022, 29 patients (mean age, 30 years; range, 4-60 years; M:F=16:13) who underwent bleomycin sclerotherapy following ethanol lavage for benign cervical cystic lesions, were included in this retrospective study. To evaluate clinical factors related to the treatment response, we assessed clinical diagnosis of a benign neck cyst, the size of the cyst, and the amount of injected sclerosing agent. Statistical analysis was performed with the paired t test, chi-square test, and Mann-Whitney test.

### **RESULT**

Regular examination was performed for all patients for a mean of 18.2 months (range, 3–72 months) after the last treatment. Procedure-related minor complications occurred in two (6.9%) patients. There were no procedure-related major complications among the patients. Among 29 patients, 17 (59%) demonstrated complete disappearance of the neck cyst, 8 (27%) showed a volume reduction of more than 75%, 2 (7%) showed a volume reduction of less than 75%. Two (7%) relapsed despite repeated sclerotherapy. There was no significant difference in clinical diagnosis, measured volume, and the amount of sclerosing agent between the group that responded well to the treatment and the group that did not.

# CONCLUSIONS

Bleomycin sclerotherapy following ethanol lavage was a safe and effective treatment in patients with benign cervical cystic lesions. Alcohol lavage may lead to higher eradiation rates by increasing sclerosant penetration.

# **AUTHOR**

Sang Lim Choi

# **CO-AUTHOR**

Professor Sung Won Kim Professor Chang Hoon Oh Professor Jinyoung Choi Professor Woosun Choi