## Thyroglossal duct cyst, does it influence its symptoms in the oral cavity?

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Abstract:

We must remember that the thyroid gland begins its final development of the third week of intrauterine life. The cyst of the thyroglossal duct (QCT) is the most frequent cervical malformation in the child, its habitual location in the anterior line medial to the hyoid bone, being able to locate a lingual (2.1%) or suprasternal (12.9%) O level In any area between the blind hole and the sternal hairpin. If the QCT maintains the type of connection to the bone. Hiodes or tongue it is possible to evidence the movement of the mass during swallowing or protrusion of the tongue.

It is presented to the dental consultation, in the Chair of Semiology of the Faculty of Dentistry, UNC, a 21-year-old Caucasian woman whose reason for the consultation was "swallowing problem and dental aesthetic arrangements". During the anamnesis on his personal pathological history, he reports that the 3 years of age observed an increase in size in the anterior and middle sagittal area in relation to the bone hiodes, which was considered as a symptom without pathological or functional implication; Due to a progressive increase in size returns to the medical consultation after 6 years for a greater aesthetic commitment. It was performed as an auxiliary diagnostic method with contrastenhanced tomography, arriving at both clinical and thyroglossal duct imaging.

QCT are more common in infancy below 7 years. The importance in this particular case, allows to determine that with the mere presence of the patient clinical examination and the interrogation, the symptoms are recognized that may or may not be related to the reason for the dental consultation such as "Dysphagia", which does not In favor of a dental cause. The importance is to consider the patient in its entirety, not only for its oral symptom, but also systemic with oral repercussion or not to derive if necessary for a systemic and comprehensive and multidisciplinary care.

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