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Hassan Jouni

Mersey and West Lancashire Teaching Hospitals NHS Trust,
UK

Management of Laryngocele: A 10-Year Retrospective Case Series from Liverpool

Introduction

Laryngoceles are rare laryngeal lesions with limited evidence guiding optimal management. Current literature lacks consensus on treatment selection criteria, with approaches ranging from conservative observation to surgical excision. This study analyzes outcomes of different management strategies and presents an evidence-based guideline for clinical practice.

Methods

Retrospective review of all suspected laryngocele cases across Liverpool area hospitals (January 2015-December 2024). Data collected included demographics, diagnostic investigations, laryngocele classification, management approach, post-operative length of hospital stay, complications, and recurrence. Outcomes were compared between conservative and surgical management strategies.

Results

Of 74 patients initially identified, 39 had confirmed laryngocele diagnoses (53% confirmation rate). Additionally, 6 patients had mucoceles, 5 had mucolaryngoceles, and 9 had alternative diagnoses including laryngeal carcinoma (n=3), thyroglossal cyst (n=5), and Reinke's edema (n=1), highlighting the diagnostic challenge of laryngeal cystic lesions.

Among the 39 laryngocele patients, management strategies included: conservative observation (n=18, 46%), transoral laser excision (n=5, 13%), transoral excision (n=10, 26%), and external approach excision (n=8, 21%). Two patients (25%) requiring external approach needed tracheostomy for airway protection.

The high rate of conservative management (46%) reflects the significant proportion of asymptomatic or minimally symptomatic cases discovered incidentally. Surgical approaches were selected based on symptom severity, laryngocele subtype, and patient fitness for intervention. Post-operative length of stay varied significantly between approaches, with transoral procedures typically requiring shorter hospitalization compared to external excisions. Complication rates and recurrence data demonstrated the safety profile and efficacy of different management strategies.

The 12% misdiagnosis rate (9/74 cases, excluding mucoceles and mucolaryngoceles) emphasizes the critical importance of comprehensive diagnostic workup including cross-sectional imaging and histopathological confirmation, particularly given the association with laryngeal malignancy in 3 cases.

Biography

Hassan Jouni is a compassionate and skilled NHS healthcare professional in the UK, dedicated to evidence-based clinical practice, continuous learning, and multidisciplinary teamwork. Passionate about patient-centred care, he strives to improve clinical outcomes and advance healthcare delivery through innovation and integrity.