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PAEDIATRIC DERMATOLOGY

MIDLINE ANTERIOR NECKLINE INCLUSION CYST (MANIC)

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Background: Midline anterior neckline inclusion cyst, otherwise known as MANIC, is a recently described developmental defect characterised by the presence of a superficial cyst in the midline neck with no associated developmental anomalies. It is of a yellow-white appearance and is located at the level of the sternal notch, just above the manubrium. It has been hypothesised to be due to an abnormal fusion of the anterior midline plane. In all cases reported, there have been no major changes during infancy and no evidence of any underlying defects on sonography. Accordingly, expectant management may be reasonable. Treatment modalities include lancing, shave or snip excision, curettage or surgical extirpation.

Observation: An 11-week-old female infant presented for evaluation of an asymptomatic papule overlying the midline of the anterior neck present since birth. She was born by spontaneous vaginal delivery at term to a primiparous mother. She was otherwise healthy and reaching all development milestones. Examination of the sternal notch revealed a 3mm white mobile papule. The lesion was lanced and keratinaceous debris extirpated from the papule. Sonography was completed to exclude any underlying developmental abnormalities demonstrating a discrete thin-walled cystic lesion, arising from the cutaneous layer of the inferior neck. Intermediate echoes were visualised within the lesion, potentially reflecting a small amount of residual fluid. There was no associated internal pathology, invasion into deeper subcutaneous structures, increase in surrounding vascularity or anatomical abnormality.

Key message: The neck is a common site of various developmental anomalies. It is important to exclude other congenital anomalies which require further investigation such as branchial cysts, thyroglossal duct cysts or midline cervical clefts which can also arise in this region. In the paediatric population, sonography is the recommended modality to differentiate between these congenital defects as it is a non-invasive and well-tolerated diagnostic technique.





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