

## NECK LUMPS

Midline: ranula, dermoid cyst, thyroglossal cyst  
Anterior SCM border: branchial cyst, pharyngeal pouch, chemodectoma  
Poster SCM border: cystic hygroma  
Other: thyroid, MTC, parathyroid, submandibular gland, lymphadenopathy

### HISTORY

Pc: Lump

HPc:

Lump number, sites, onset/progression/presence trigger/exacerbating/alleviating (URTI, dental work, TB, toxo etc)

Local symptoms: dysphagia, dysphonia, dyspnoea, otalgia, cough

Malignancy red flags: pain/rapid growth

Functional effects: thyroid status, MTC, HPT, TIAs, pharyngeal pouch

Constitutionals: (i)infection (ii)inflammation (iii)malignancy

PMHx:

Infection, inflammation, malignancy for lymph nodes

Endocrine disease for T/PT/MTC

EBV

Medx: smoking

FHx:

SHx: travel/occupation (radiation exposure)

### EXAMINATION

Lump + search for other lumps (site, size, shape, surface, firm/fluctuant/fluid thrill, reducible/tethered/fixed, tender Nodes

H&N for aetiology ie aerodigestive system etc

## NECK LYMPHADENOPATHY

### Classification:

(i)Local/generalised (ii)Aetiology: infection/inflammation/malignancy

Infection: viral, toxo, TB || Inflammation: RA, sarcoid || Malignancy: lymphoma/mets

### Lymph node groups

1 Submandibular

2 Along IJV, above hyoid || 3 Along IJV, between cricoid and hyoid || 4 Along IJV, below cricoid

5 Posterior to SCM

6 Central (pre-laryngeal, pre-tracheal, para-tracheal)

History:

Nodes: onset

Other lesions: infection/inflammation/malignancy

Constitutionals of infection/inflammation/malignancy

Examination:

Nodes in neck

Nodes everywhere (axillary, groin etc)

H&N for underlying aetiology

Investigations:

Bloods: FBC, U&E, LFTs, a1 anti-tryptin, ACE, autoimmune screen, RF, toxoplasmosis screen, TB, infectious mono

Imaging: CXR for TB/sarcoid, USS-FNA neck for nodes and pathology, CT NCAP

FNA findings – lymphoma → CTNCAP + excision biopsy + bone marrow biopsy → haem-onc MDT

- SCC → CTNCAP + excision biopsy + panendoscopy of aerodigestive tract → H&N MDT

- AdenoCa → CTNCAP/bilateral mammo + excision biopsy + OGD/colonoscopy → CUP MDT

## ANTERIOR TRIANGLE MIDLINE

### RANULA

### THYROGLOSSAL CYST

#### **Thyroglossal duct fails to obliterate**

Site: Anterior triangle/midline/infrahyoid usually

Symptoms

Signs: moves on **tongue protrusion** and **swallowing**

Investigations: USS= **thin-walled/anechoic** \*check for normal thyroid\*

Management: **Sistrunk's procedure** = excise cyst + mid-portion of hyoid bone + tissue up to base of tongue

### DERMOID CYST

Inclusion cyst containing skin/hair/teeth forming at sites of embryonic segment fusion

Site: neck (usually suprahyoid)/behind pinna/external angle of eye

Symptoms

Signs:

Investigations: USS= heterogenous

Management: excision

## ANTERIOR TRIANGLE: NON-MIDLINE

### BRANCHIAL CYST 75% from 2<sup>nd</sup> arch

#### **Incomplete obliteration of one of the 6 branchial arches → cysts/sinuses/fistulae lined with StSq epith**

1<sup>st</sup>: angle of mandible through CN7 branches 2<sup>nd</sup>: anterior to SCM between carotid bifurc 3<sup>rd</sup>: post to SCM behind CCA

Symptoms: asymptomatic/compressive/rupture/inflamed in URTI

Signs:

Investigations: USS= **thin-walled/anechoic** unless infected

Management excision from 3mths

### PHARYNGEAL POUCH

#### **Pulsion diverticulum of upper oesophagus between two inferior constrictors (Killian's dehiscence)**

Site: Anterior triangle, usually on the left

Symptoms: halitosis, gurgling, regurgitation

Investigations: barium swallow/OGD

Management: OGD + stapling

## POSTERIOR TRIANGLE

### CYSTIC HYGROMA

#### **Multilocular lymphatic malformation arising from occlusion of lymphatic channels**

Site: posterior border of SCM

Symptoms:

Signs:

Investigations: USS= thin-walled/anechoic

Management: excision