



Head & Neck Lumps & Bumps

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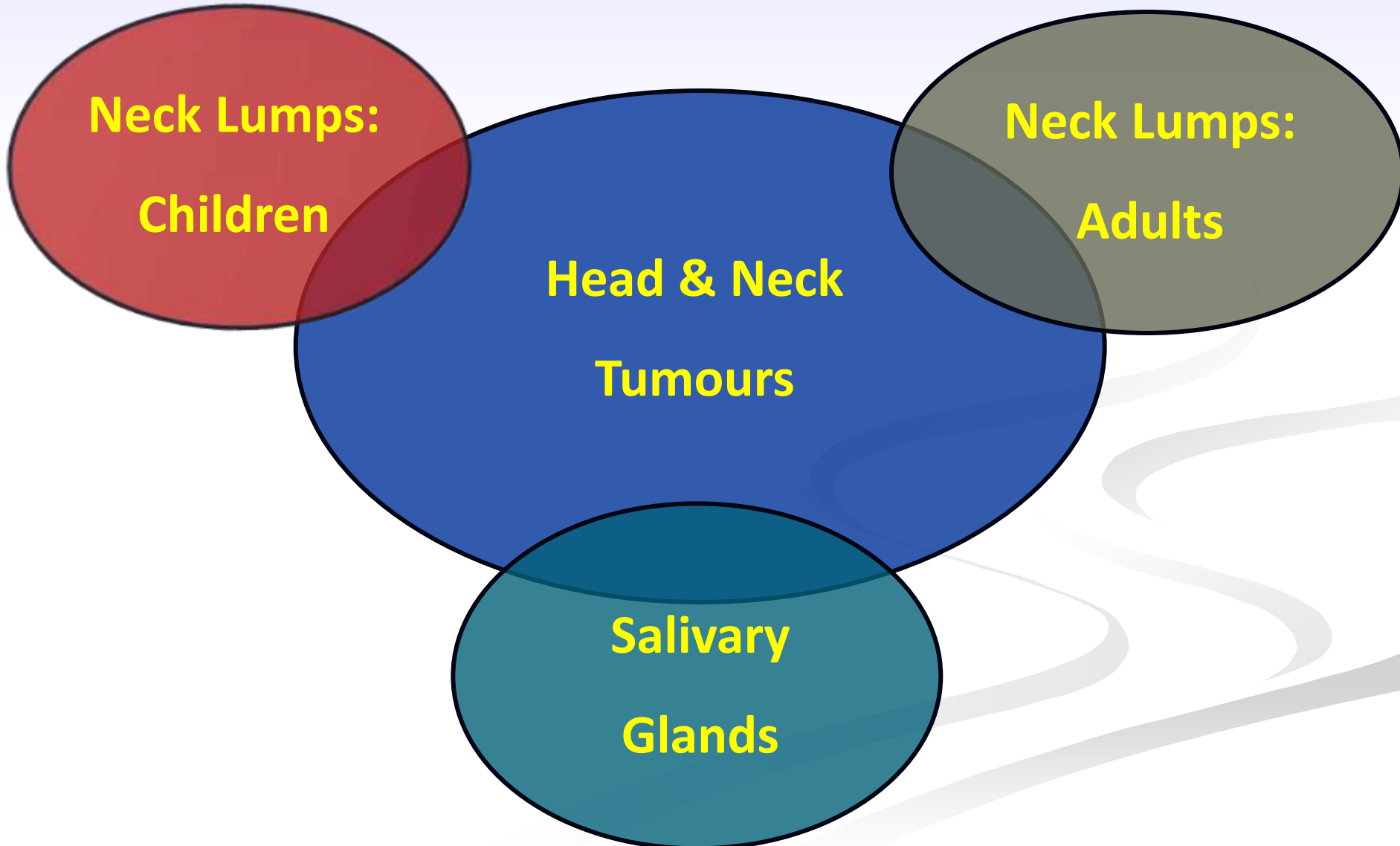
OVERVIEW

**Neck Lumps:
Children**

**Neck Lumps:
Adults**

**Head & Neck
Tumours**

**Salivary
Glands**

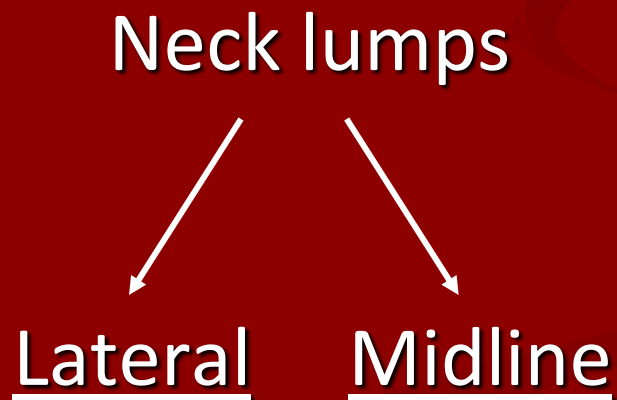


Neck Lumps:

Children

Neck Lumps - Children

- Majority**
- Lymphadenopathy
 - Resolve +/- antibiotic
- Minority**
- Persist / enlarge



Lateral neck masses in children

- Duration?
- Change in size?
- Solid / cystic?
- Skin changes?
- Lymph nodes
 - Bacterial / viral
 - Non tuberculous mycobacterial
 - Other
- Branchial cleft cyst
- Lymphangioma
- Malignancy













Lateral neck masses - management

Solid

- antibiotics 2 weeks
- review 3 weeks
- refer? FNA?

Cystic

- refer? FNA?

Midline neck masses - children

(usually developmental)

- Duration?
- Position?
- Solid/cystic?
- Moves on swallowing?
 - Thyroglossal duct cyst
 - Submental node
 - Dermoid cyst
 - Plunging ranula











Midline neck masses - management

Solid

- antibiotics 2 weeks
- review 3 weeks
- refer? FNA?

Cystic

- ultrasound
- refer? FNA?

Neck Lumps:

Adults

Neck Masses - Adult

Midline

- Thyroid
- Thyroglossal cyst

Lateral

- Node
 - Inflammatory
 - NEOPLASTIC
- Branchial cyst
- Other eg. neural / vascular tumour
- Normal variant

Midline Neck Masses - Adult

Thyroid nodule

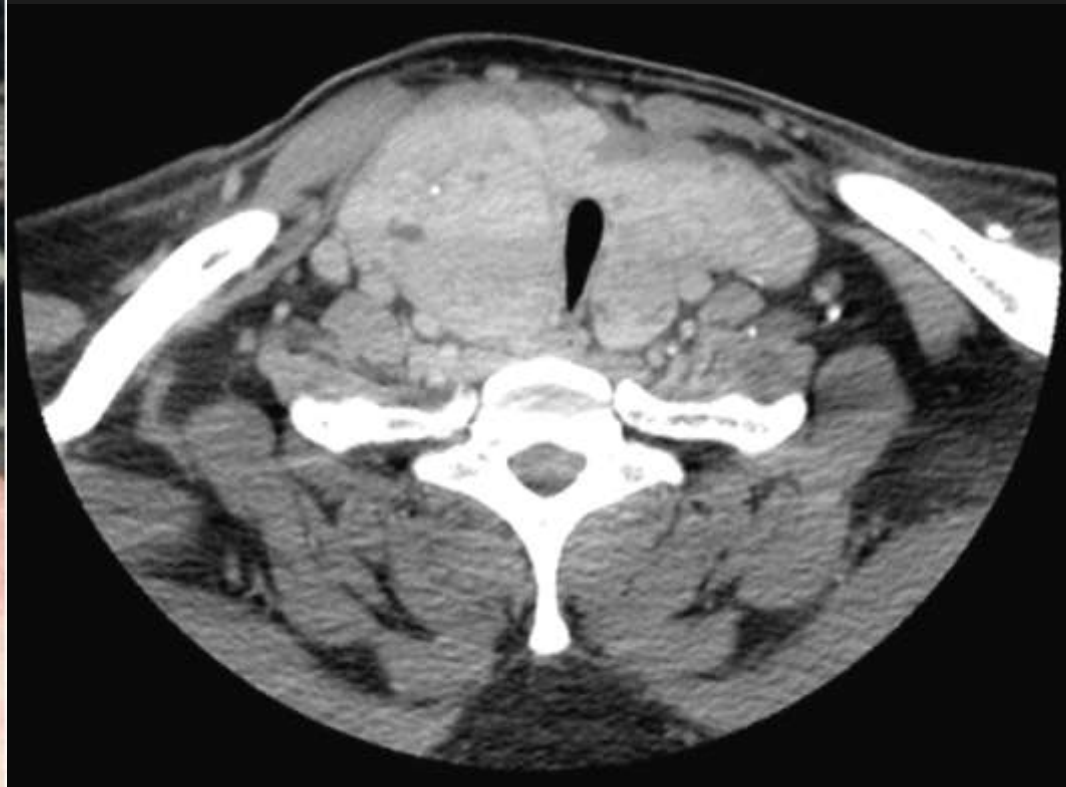
- Duration?
- Obstructive symptoms?
 - dysphagia
 - airway obstruction
 - hoarseness
- Hyper / Hypothyroidism?

Thyroid Nodule

- Ultrasound – 30-50% all adults
- Palpation – 4-8% women
– 1-2% men
- 5-10% malignant
 - Increased risk if <30 years
>60 years
male

Thyroid Nodule

- Multinodular goitre
- Solitary
 - cystic
 - solid
 - benign
 - follicular adenoma
 - Hurtle cell adenoma
 - malignant
 - papillary carcinoma
 - follicular carcinoma
 - medullary carcinoma
 - anaplastic carcinoma









Thyroid Nodule - Investigation

TSH – normal / ↑

- FNA
 - “malignant” → refer
 - “indeterminate” → repeat, refer?
 - “benign” – cosmetic/obstructive → refer
 - review 3/12

TSH – ↓

- Radionuclide scan
 - cold nodule → FNA
 - hot nodule → thyroid clinic

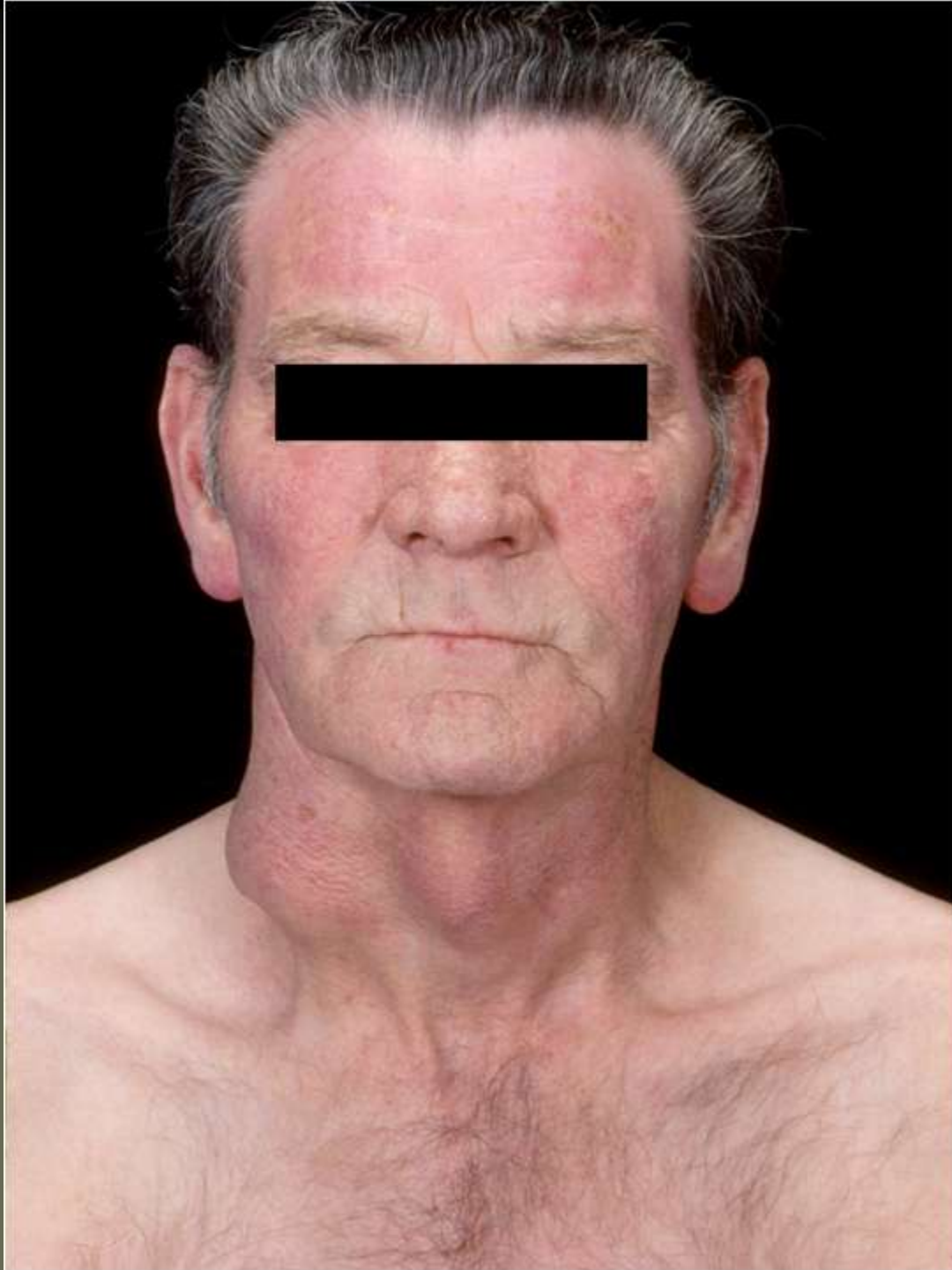
Lateral Neck Mass - Adult

- **Node**
 - inflammatory
 - bacterial / viral
 - **MALIGNANCY**
 - metastatic
 - primary
- **Branchial cyst**
- **Other** eg neural / vascular tumours
- **Normal variant**
 - eg hyoid bone
 - carotid bulb

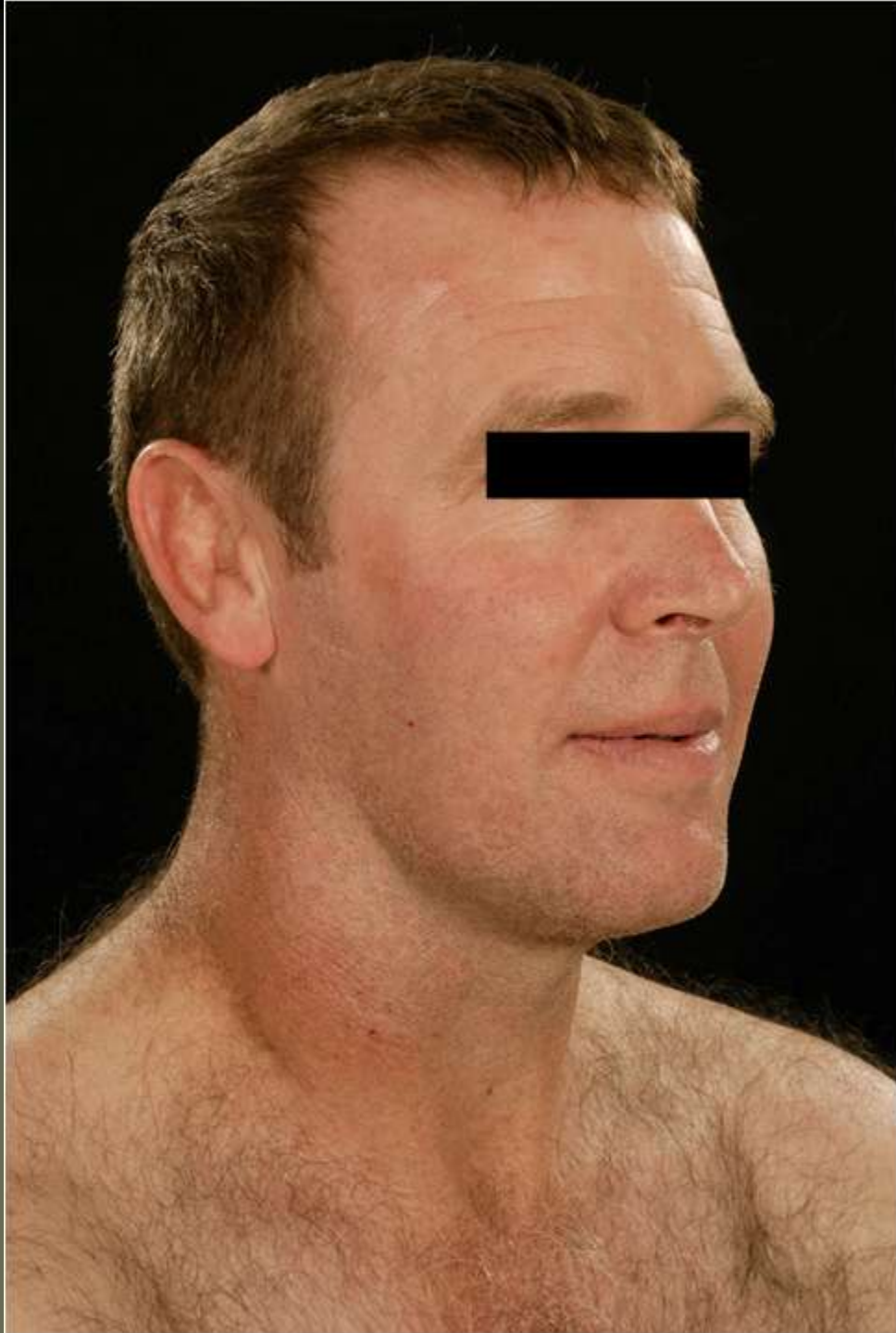
Malignant Neck Node

Head & Neck

- Rich lymphatic system
 - numerous lymphatic channels
 - high density of cervical nodes
- Cancer metastasises early
- Neck node ? Sole presenting symptom of malignancy











Enlarged Neck Node

- Probably malignant
- Probably metastatic SCC
- Probably primary in head & neck

Lateral Neck Mass - Management

History

- Associated symptoms eg.
 - mouth ulcer
 - dysphagia
 - hoarseness
 - otalgia

Examination

- Assess lump
- Upper aerodigestive tract

Investigations

- Routine bloods
- FNA
- CXR
- Refer

Salivary Gland Disorders

Salivary Glands

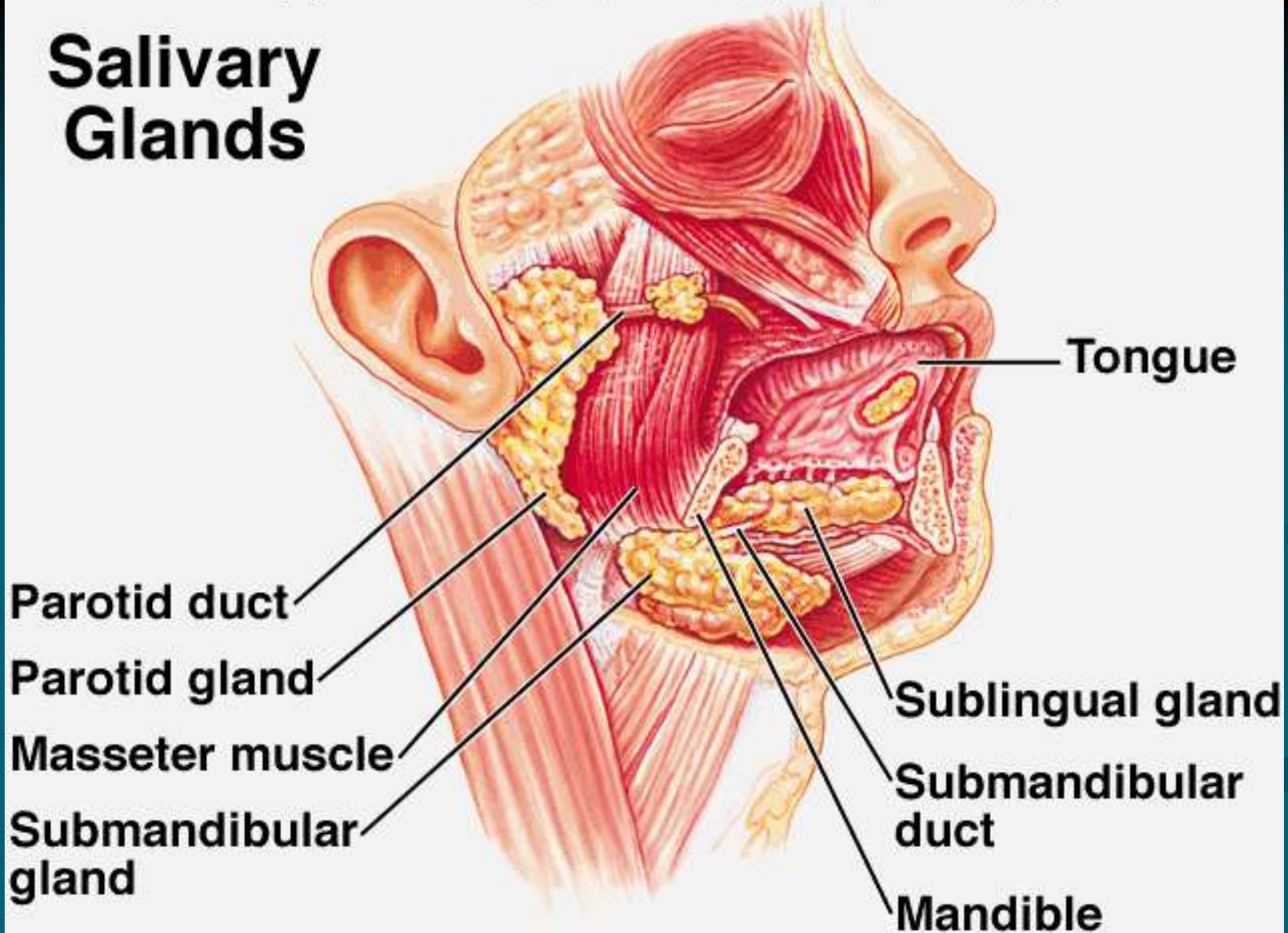
Major Glands

- Parotid
- Submandibular
- Sublingual

Minor Glands

- Mucosa
 - mouth/pharynx
 - esp. palate

Salivary Glands



Salivary Gland Function

500-1500mls/day

Parotid

- serous saliva
- short duct
- stones uncommon - radiolucent

Submandibular

- mucinous saliva
- long duct
- “uphill” flow
- stones common - radio-opaque

Parotid Swelling

Generalised



local
disorder



systemic
disease

Localised

(usually tumour)



benign



malignant

Parotid Swelling

Generalised

```
graph TD; A[Generalised] --> B[Local Disorder]; A --> C[Systemic Disease];
```

Local Disorder

- sialoadenitis +/- stones
 - acute
 - chronic
 - recurrent

Systemic Disease

- Sjogren's
- sarcoidosis
- diabetes
- alcoholism



Parotid Gland Tumours

Localised swelling

```
graph TD; A[Localised swelling] --> B[Benign 60%]; A --> C[Malignant 40%];
```

Benign 60%

- pleomorphic adenoma
- Warthin's tumour
- etc

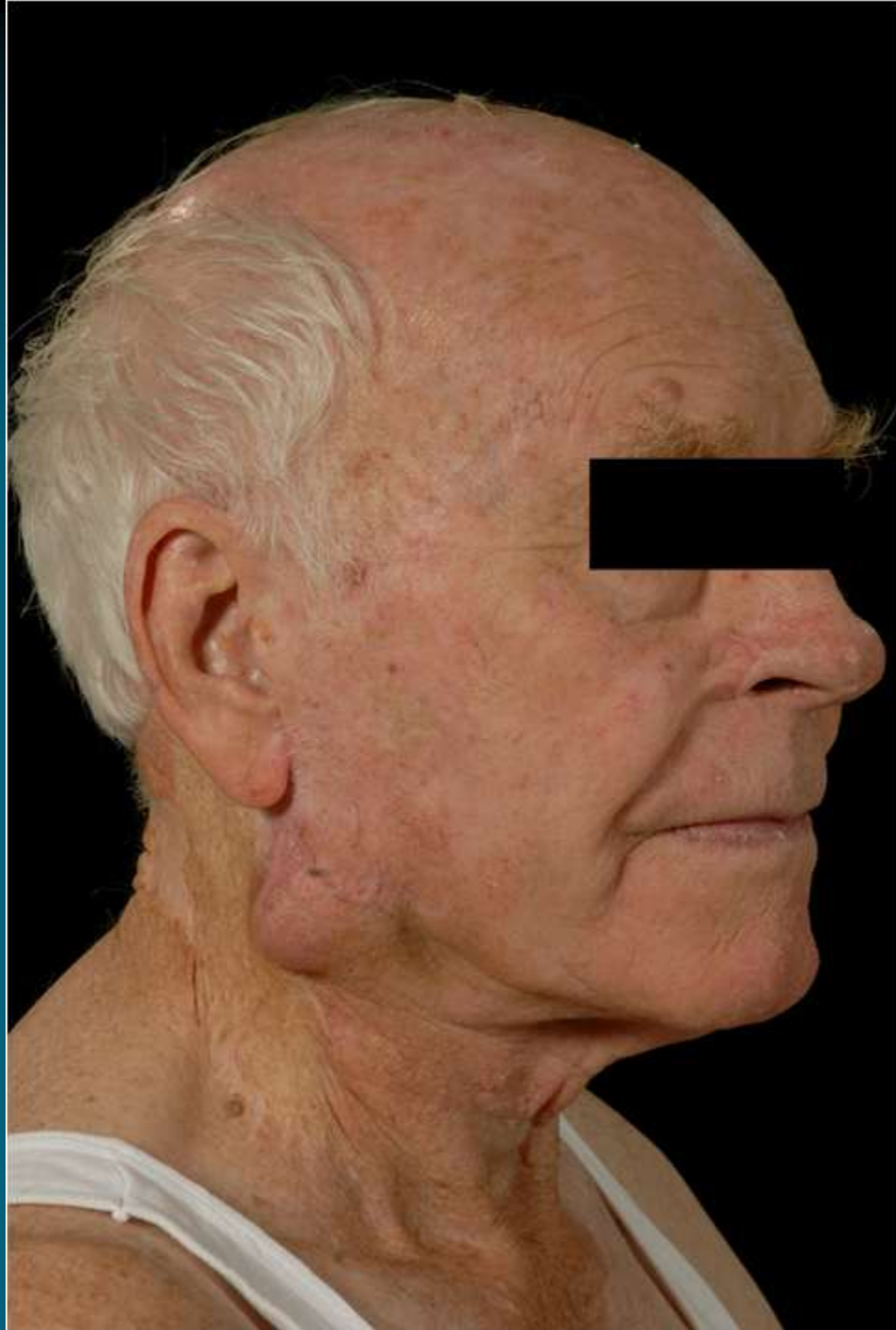
Malignant 40%

- metastatic SCC
- adenocarcinoma
- mucoepidermoid ca
- etc

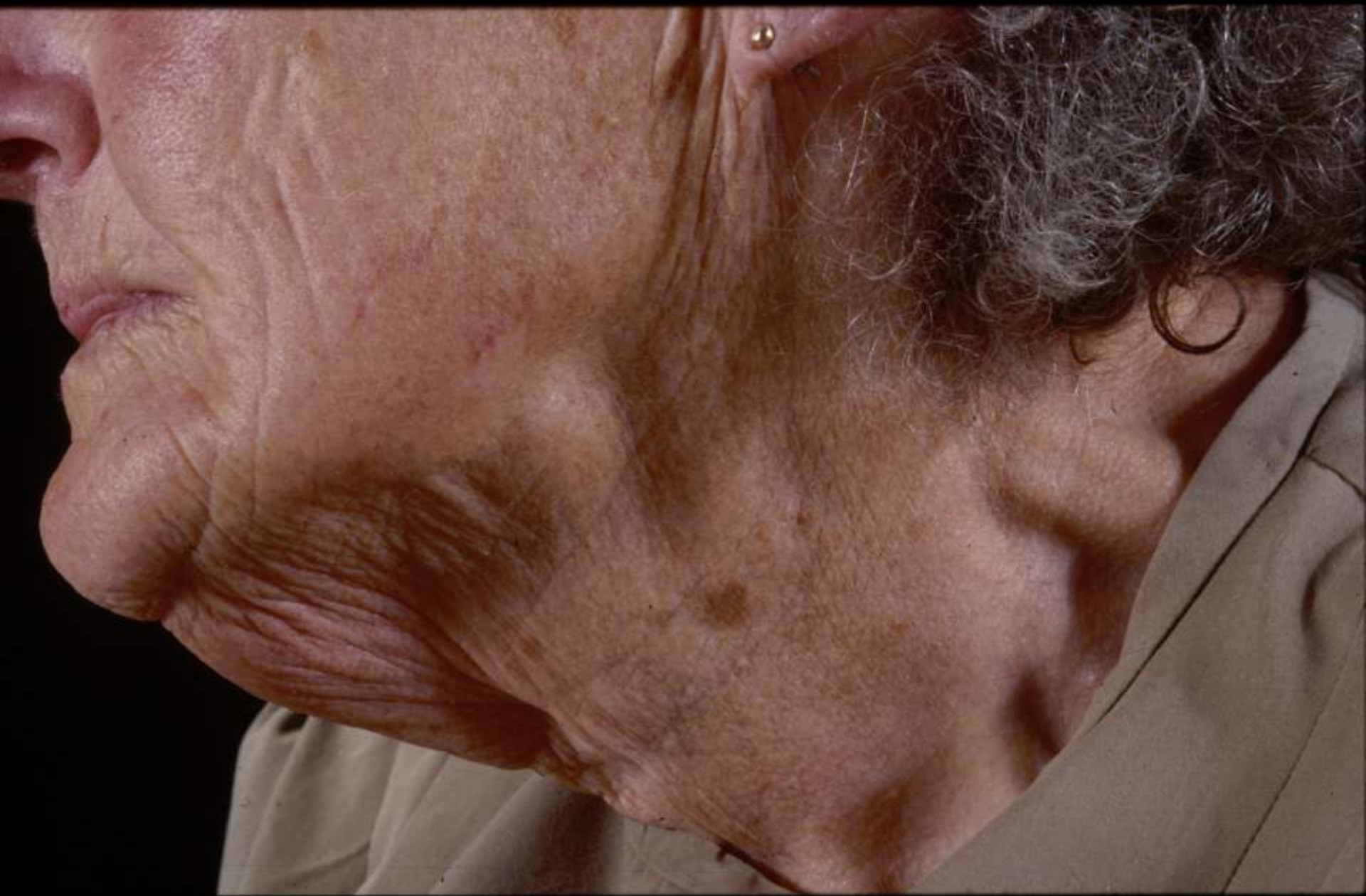


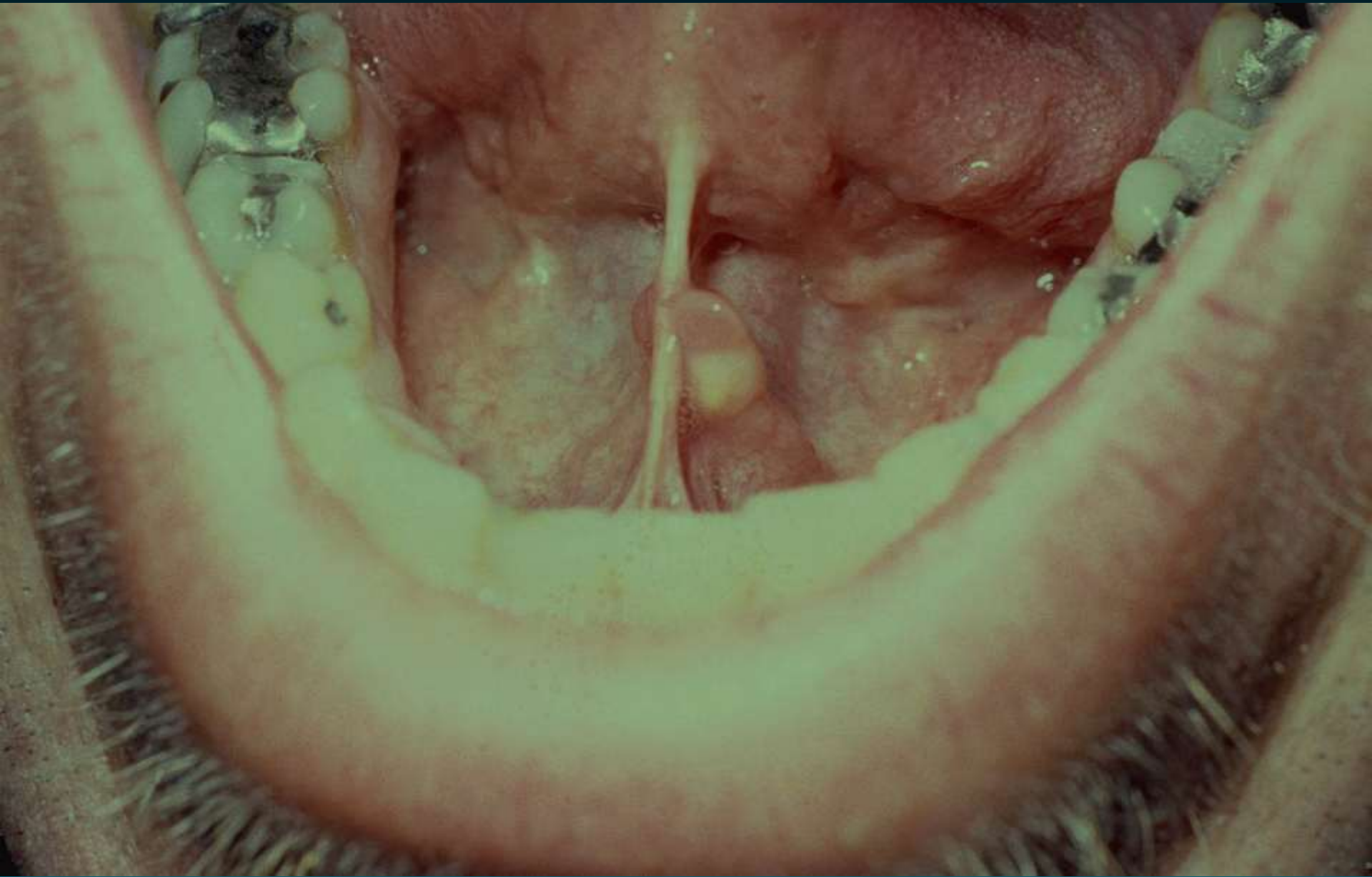












Management of Salivary Gland Disease

Sialadenitis

- Acute
 - massage, hydration, ? sialagogues
 - ? bacterial - usually staph
 - ? stone
 - ? surgical drainage
- Chronic / Recurrent - surgical removal gland?

Management of Salivary Gland Disease

Salivary Gland Tumours

- FNA
- CT? / MRI?
- **Submandibular** - whole gland removed
- **Parotid** - partial parotidectomy - facial n. preserved
- if malignant - ? facial n. resected

Fine Needle Aspiration

Parotid / Thyroid / Neck masses

- Easy
- Cheap
- Low morbidity
- No risk of tumour seeding

- BUT ? Accuracy

FNA – Parotid Masses

Christchurch Hospital:

100 Parotid tumours

Benign

66

pleomorphic adenoma

Warthins

Malignant

34

metastatic SCC

mucoepidermoid ca

Pathologist in ENT Department – accuracy 86%

- **BUT General Practice – accuracy LESS**

If FNA not consistent with clinical

- ? D/W Pathologist
- ? Repeat FNA
- ? U/S guided FNA

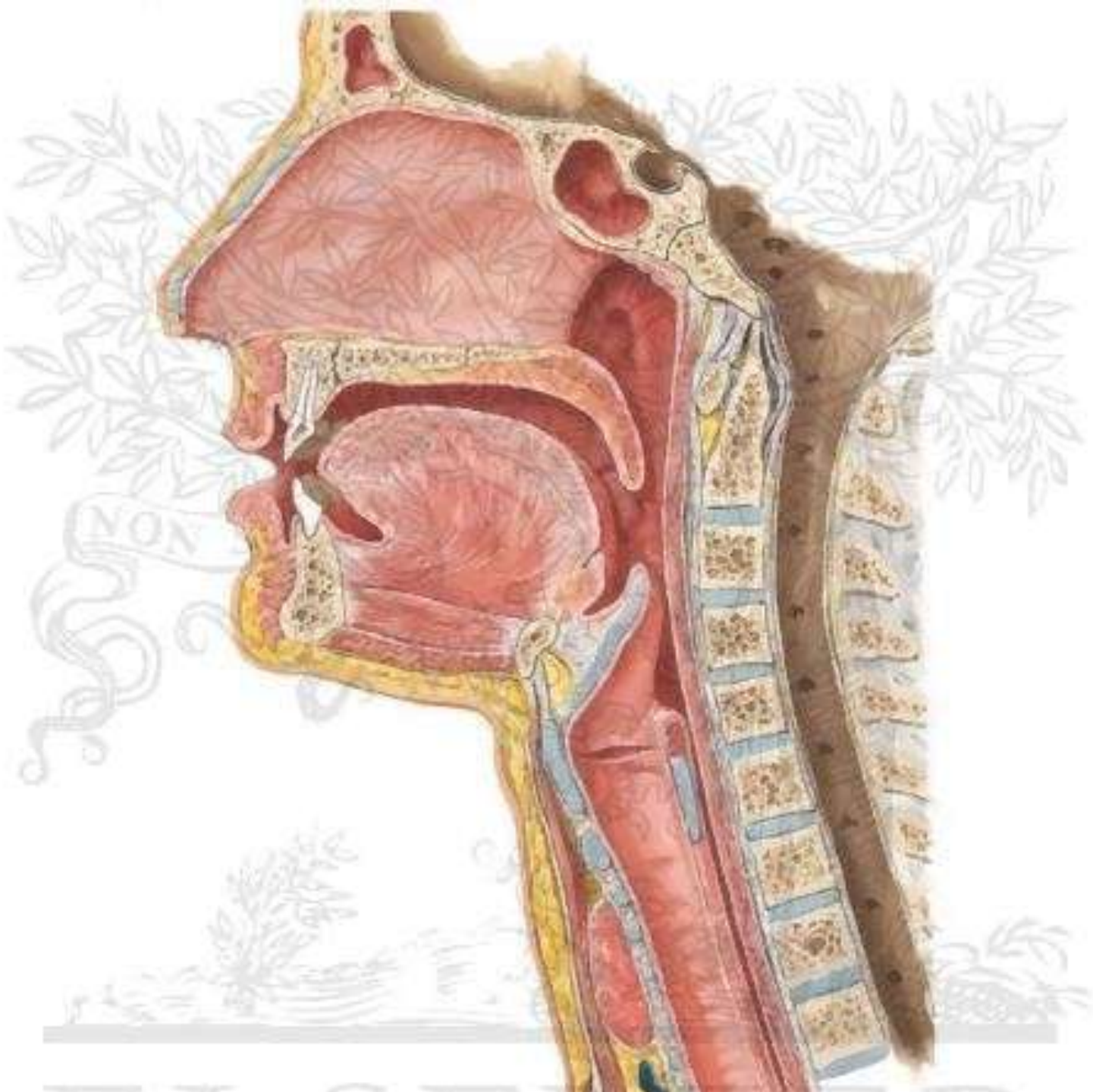
- If considering FNA
 - **Consider specialist opinion**

Head & Neck Cancer

Head & Neck Cancer

“Head and Neck”

- oral cavity
- pharynx
- larynx
- nose & sinuses
- salivary glands - parotid
 - submandibular
 - minor
- skin - invasive
 - metastatic
- thyroid



Head & Neck Cancers

5-8% of all cancers

180 – 200 new cases/year in Christchurch

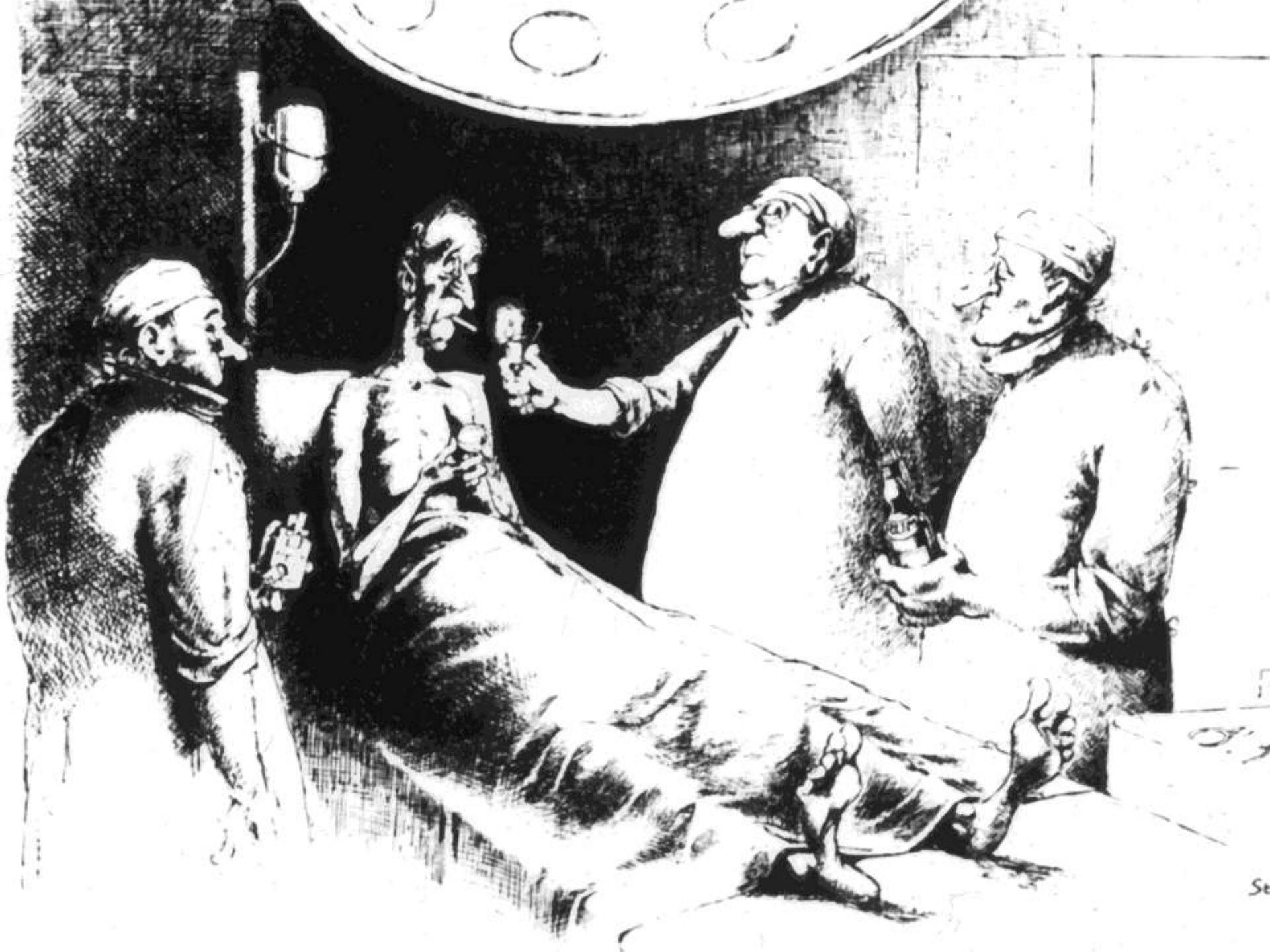
Head & Neck Cancer

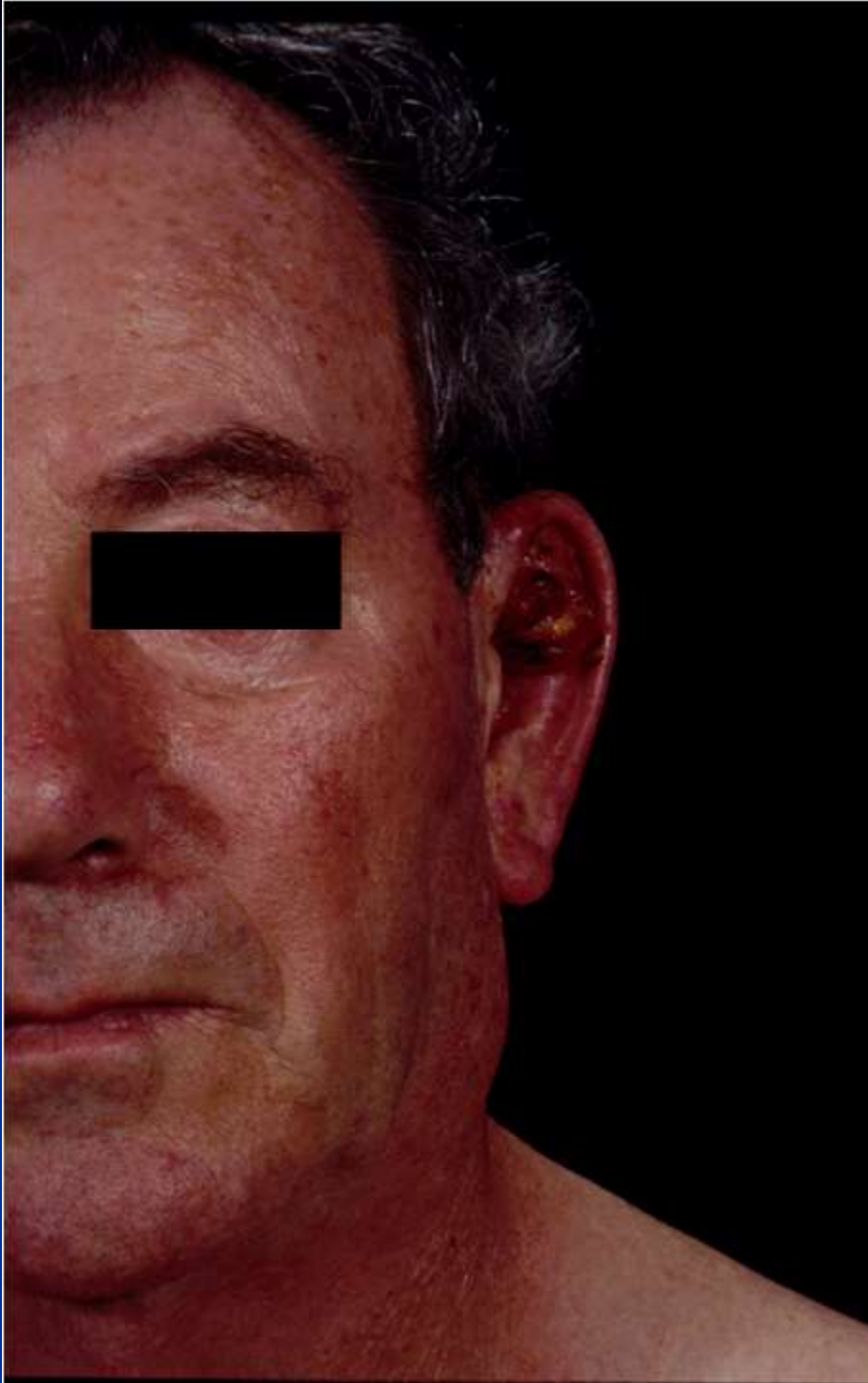
- Histology
- squamous cell cancer
 - others
 - adenocarcinoma
 - adenoid cystic carcinoma
 - mucoepidermoid cancer
 - melanoma
 - sarcoma
 - etc

Head & Neck Cancer

Risk factors:

- **smoking**
 - tobacco
 - roll your own
 - filterless
 - filtered
 - marijuana
- **alcohol**
 - spirits
 - beer
 - (wine)
- **hardwoods**
- **nitrosamines** - salted fish









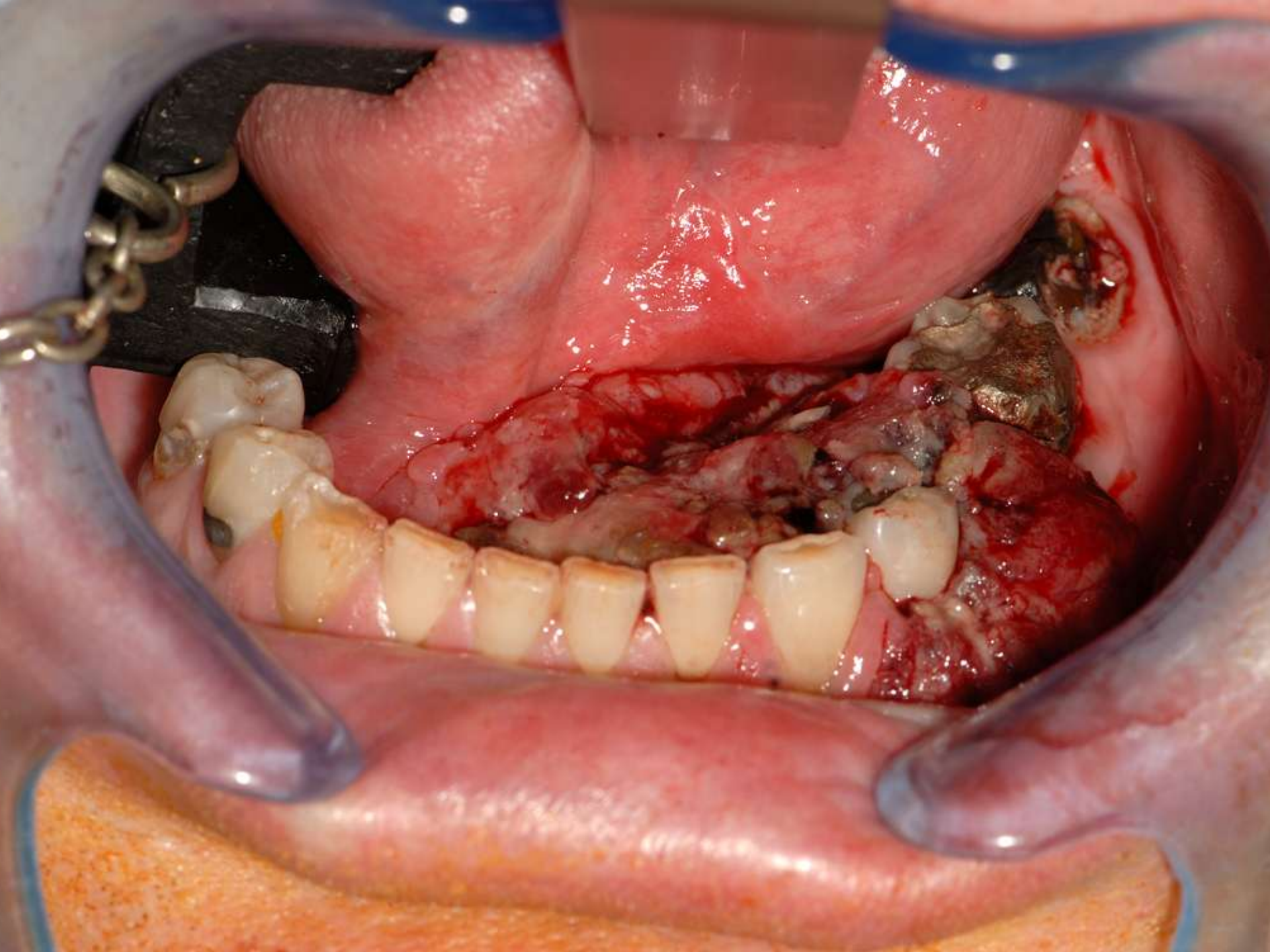


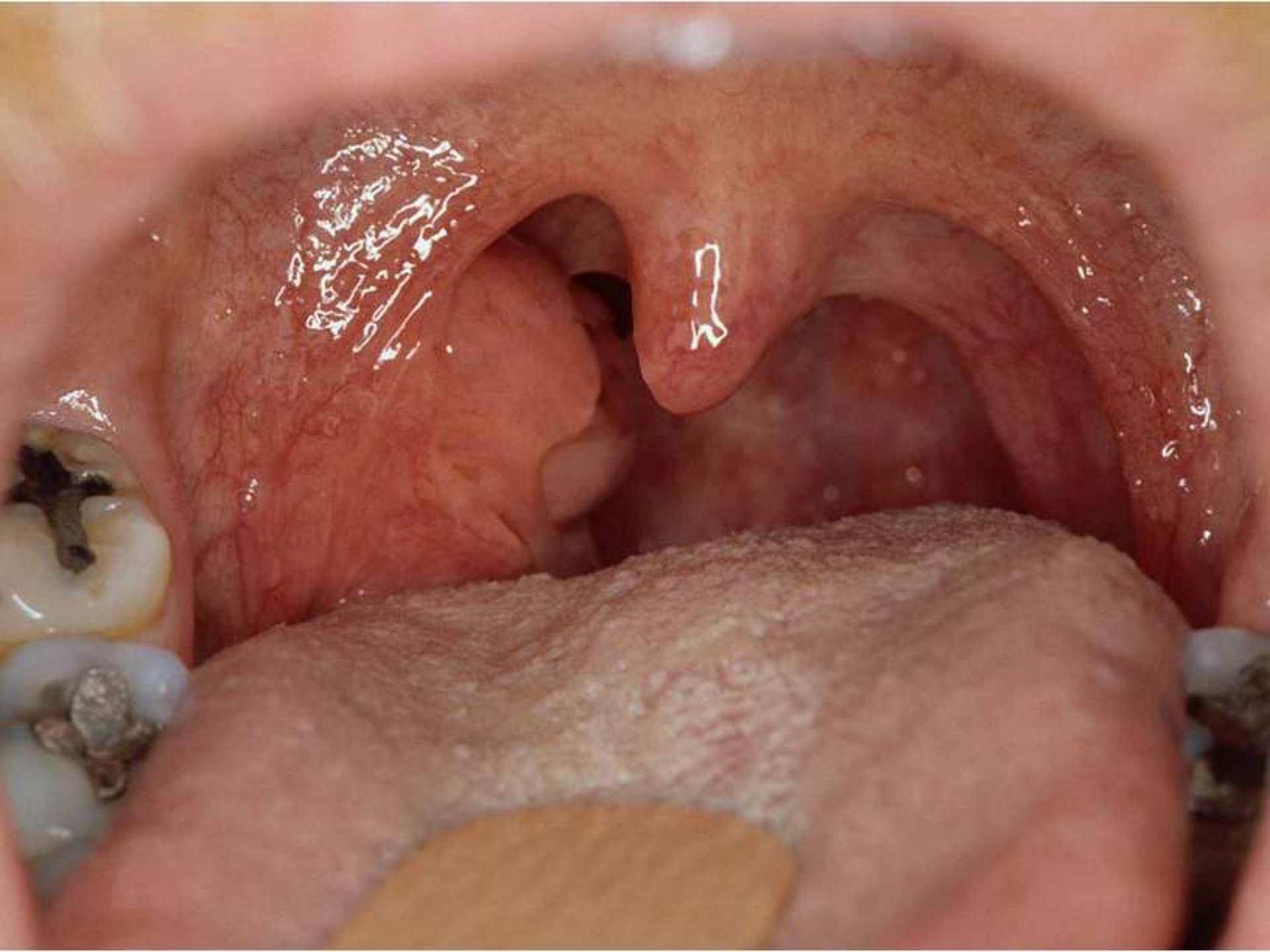




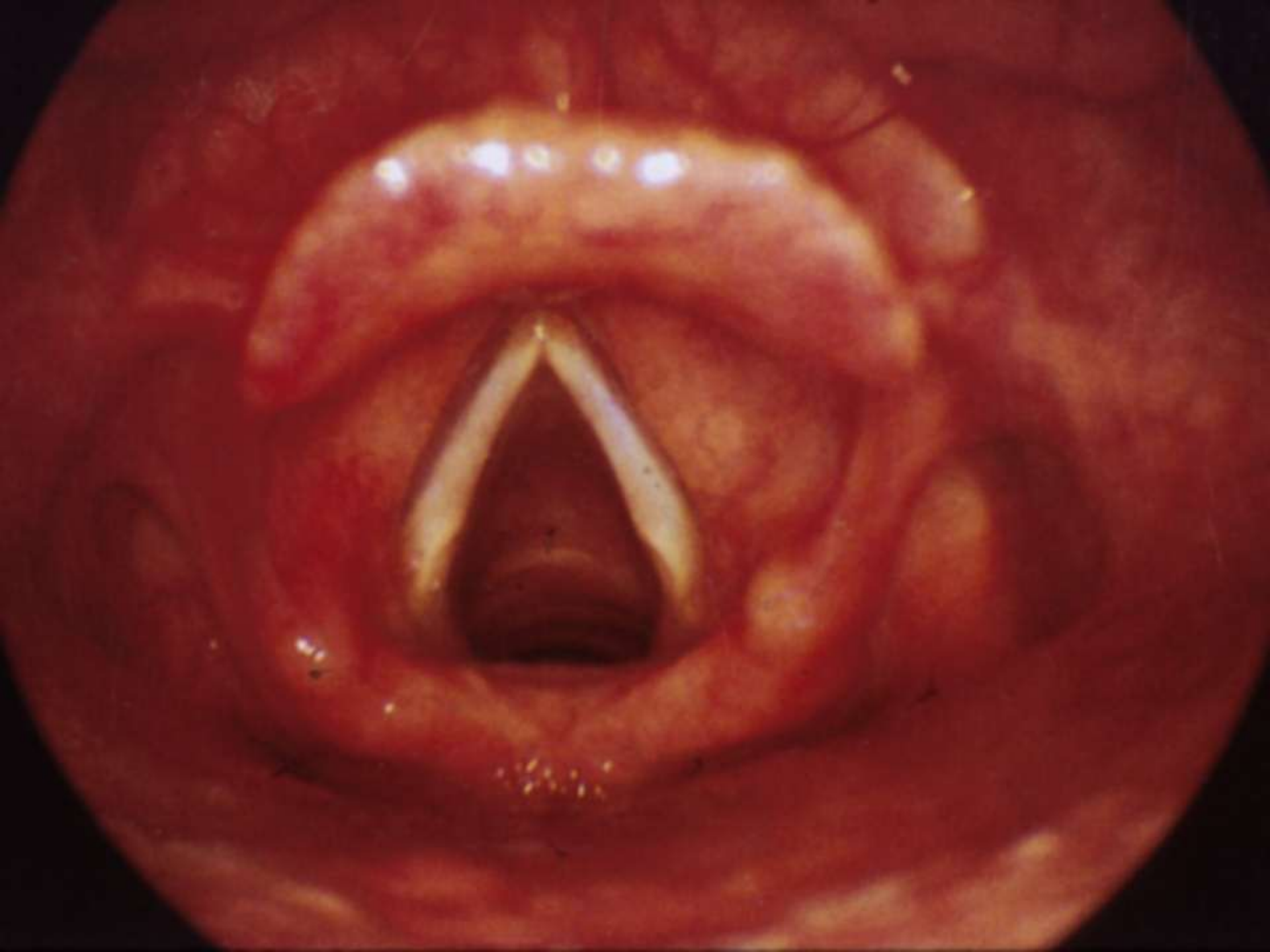


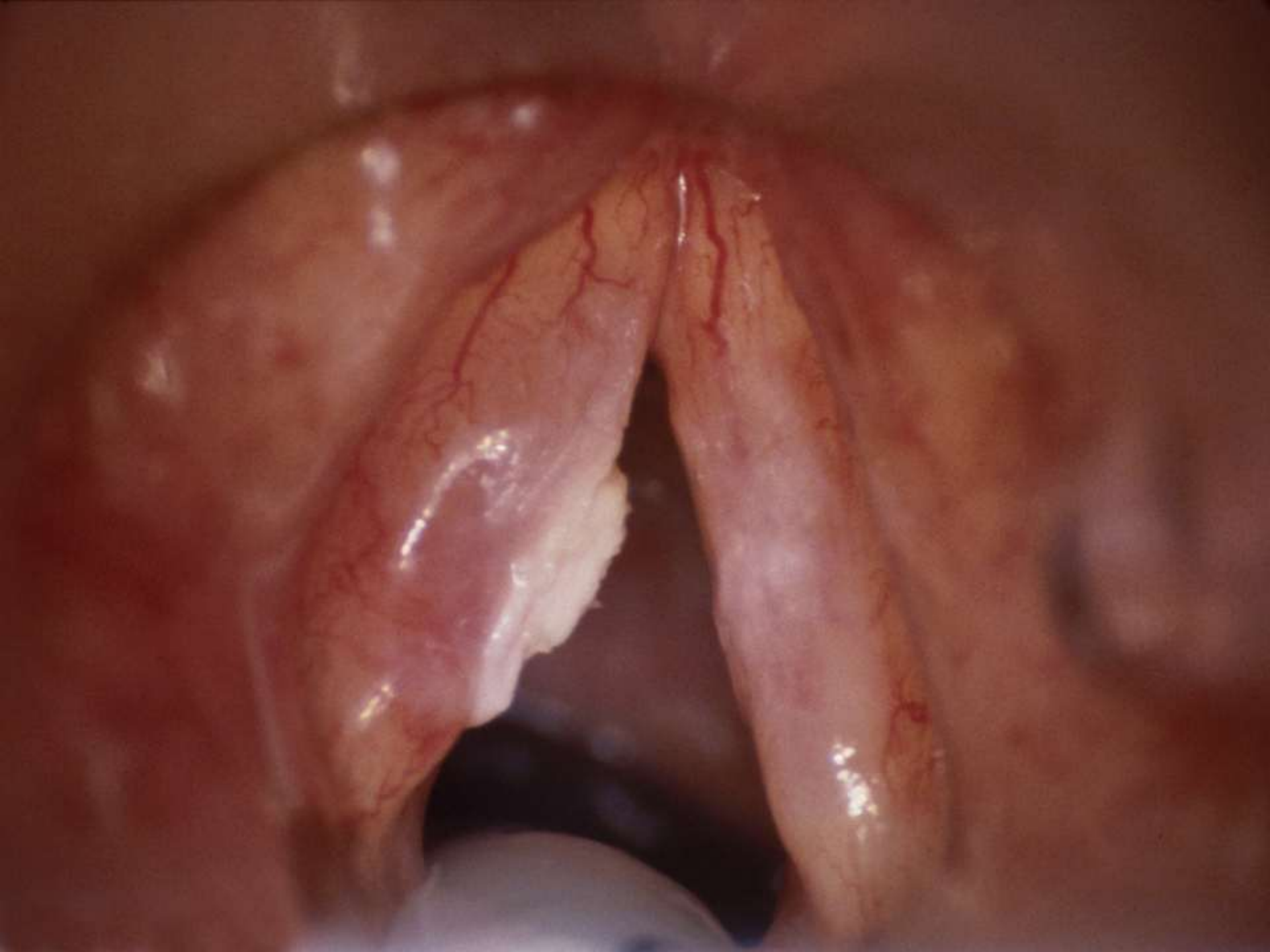




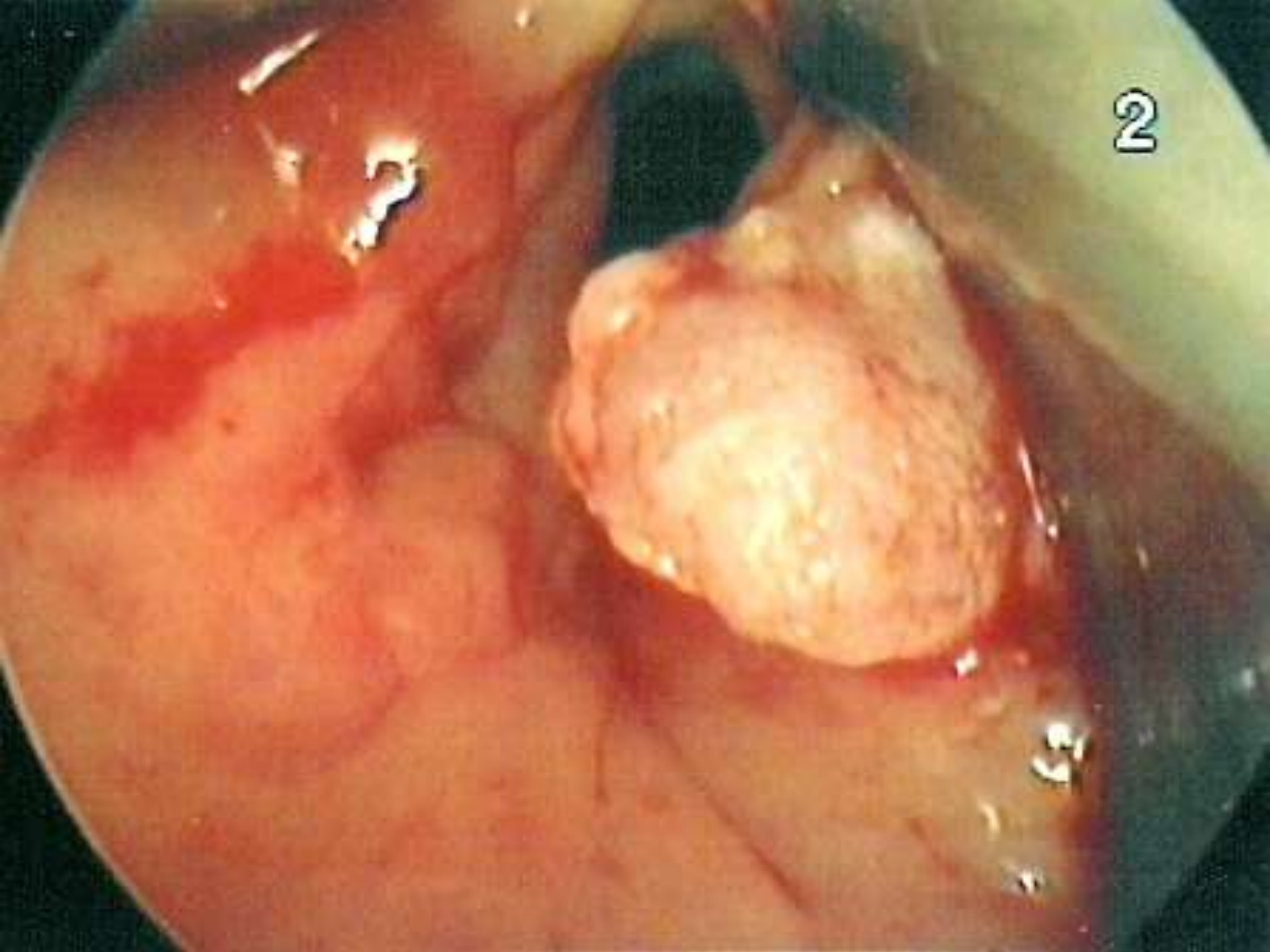








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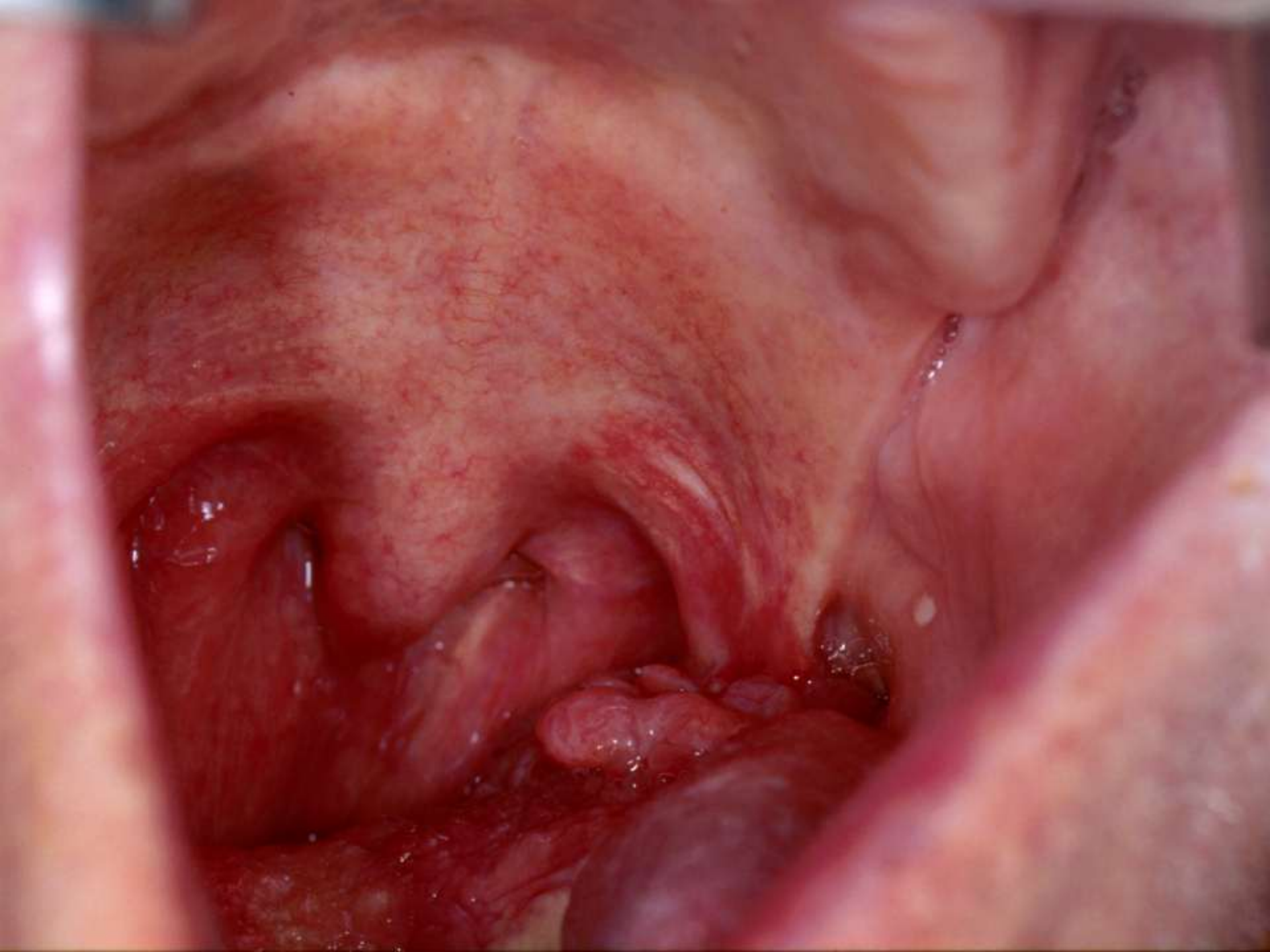
Head & Neck SCC

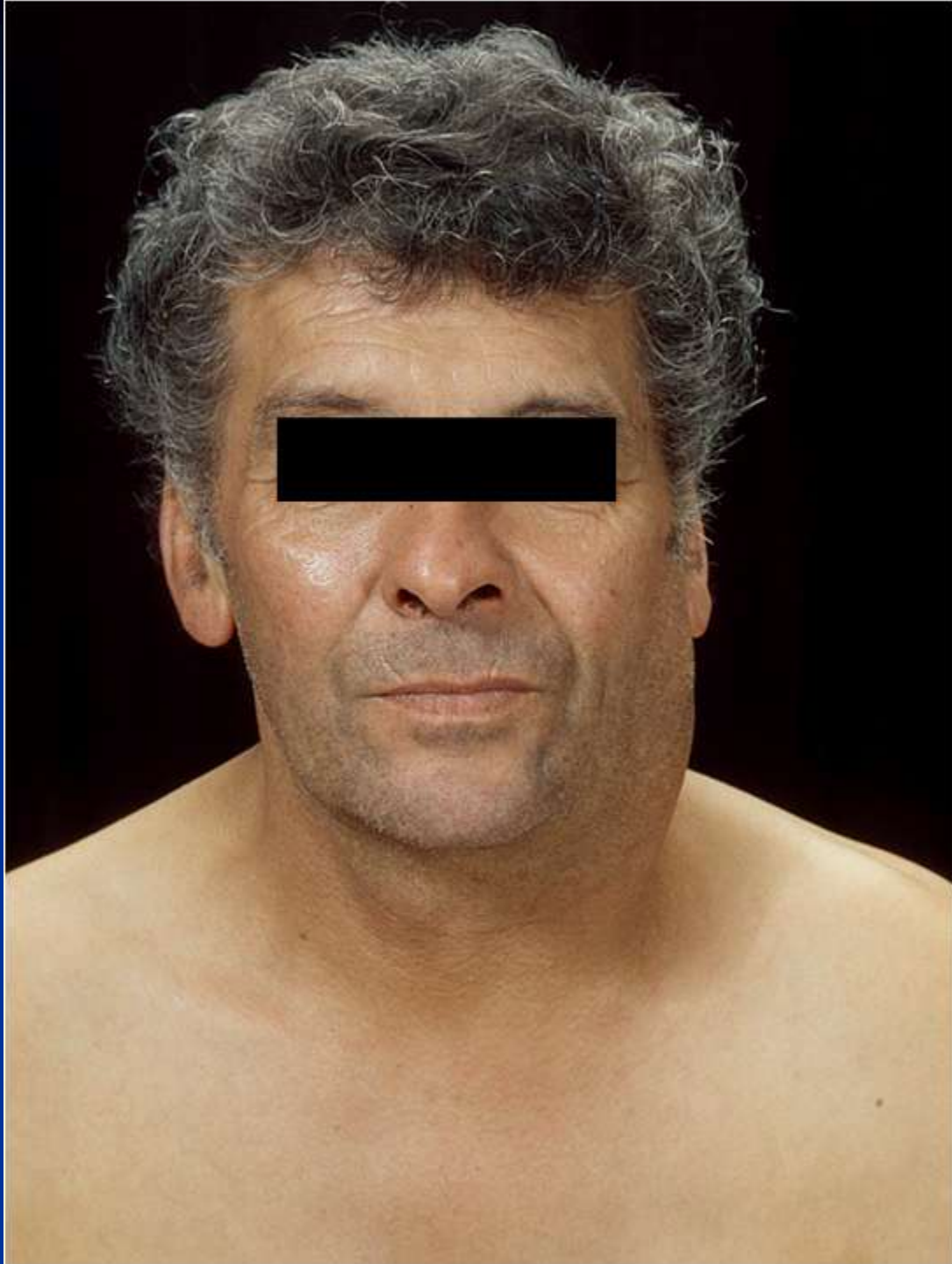
Neck - very rich lymphatic supply
- 150-200 lymph nodes

H&N SCC - metastasises early to neck nodes

Enlarged neck node - may be only symptom
- need to search for primary tumour







Head & Neck SCC

Assessment

- History and examination
- Examination - biopsy under anaesthesia
- FNA neck nodes
- CT scan
 - primary site
 - neck
 - chest/abdomen
- MRI
- PET
- OPG

→ TNM stage

Head & Neck SCC

Treatment Options

Management - Multidisciplinary

- Radiotherapist
- Surgeon
- Support Personnel
 - dentist / oral surgeon
 - speech therapist
 - dietician
 - social worker
 - etc



Head & Neck SCC

Treatment Options

Small tumours

eg. oral cavity

larynx

- single modality
- surgery
- radiotherapy/CO2 laser

Large tumours

eg.

- combined modality
- surgery + post-op radiotherapy
- chemoradiation

Head & Neck Cancer Conclusion

- Relatively common but variety of sites
- Range of symptoms – similar to benign disease
- Usually diagnosed on thorough clinical examination
- Treatment
 - multidisciplinary
 - usually curative

Head & Neck Tumours- Summary

Thyroid / parotid / neck mass:

FNA useful - ? Interpretation

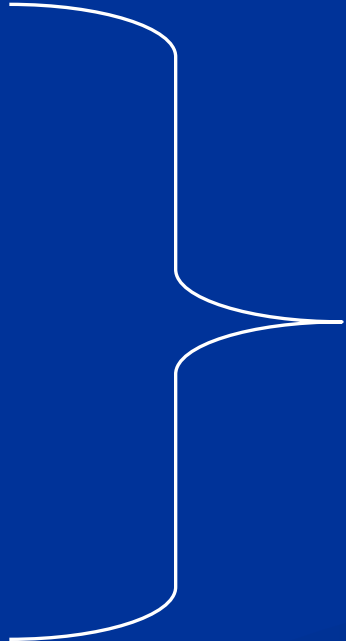
Hoarseness

Dysphagia

Oral ulcer

Local pain

NECK LUMP



More than 3 weeks
- Consider referral





