1 Neck lump

**THYROID**
- Midline = thyroglossal cyst
- Lateral (Bi) = thyroid mass

**CYSTS**
- Cystic hygroma (child)
- Branchial cyst (adult)

**OTHERS**
- TB abscess
- Subclavian artery
  - Aneurysm
  - Ectasia

**LYMPH NODES**
- Reactive
- 1º Lymphoma
- 2º Metastases

**TUMOURS**
- Salivary gland tumours
- Sternocleidomastoid tumour (torticollis)
- Carotid body tumour

- Moves on swallowing or moves on tongue protrusion
- Many/multiple
- Posterior triangle
- Cystic
- Rock hard
- Yes
- No
- Yes
- No
Neck lump
Definition
A neck lump is any congenital or acquired mass arising in the anterior or posterior triangles of the neck between the clavicles inferiorly and the mandible and base of the skull superiorly.

Key points
• Thyroid swellings move upwards (with the trachea) on swallowing.
• Most abnormalities of the neck are visible as swellings.
• Ventral lumps attached to the hyoid bone, such as thyroglossal cysts, move upwards with both swallowing and protrusion of the tongue.
• Multiple lumps are almost always lymph nodes.
• Don’t forget a full head and neck examination, including the oral cavity, in all cases of lymphadenopathy.

Differential diagnosis
• 50% of neck lumps are thyroid in origin.
• 40% of neck lumps are caused by malignancy (80% metastatic usually from primary lesion above the clavicle; 20% primary neoplasms: lymphomas, salivary gland tumours).
• 10% of neck lumps are inflammatory or congenital in origin.

Thyroid
• Goitre, cyst, neoplasm.

Neoplasm
• Metastatic carcinoma.
• Primary lymphoma.
• Salivary gland tumour.
• Sternocleidomastoid tumour.
• Carotid body tumour.

Inflammatory
• Acute infective adenopathy.
• Collar stud abscess.
• Cystic hygroma.
• Branchial cyst.
• Parotitis.

Congenital
• Thyroglossal duct cyst.
• Dermoid cyst.
• Torticollis.

Vascular
• Subclavian aneurysm.
• Subclavian ectasia.

Important diagnostic features
Children
Congenital and inflammatory lesions are common.

• Cystic hygroma: in infants, base of the neck, brilliant translumination, ‘come and go’.
• Thyroglossal or dermoid cyst: midline, discrete, elevates with tongue protrusion.
• Torticollis: rock-hard mass, more prominent with head flexed, associated with fixed rotation (a fibrous mass in the sternocleidomastoid muscle).
• Branchial cyst: anterior to the upper third of the sternocleidomastoid.
• Viral/bacterial adenitis: usually affects jugular nodes, multiple, tender masses.
• Neoplasms are unusual in children (lymphoma most common).

Young adults
Inflammatory neck masses and thyroid malignancy are common.
• Viral (e.g. infectious mononucleosis) or bacterial (tonsillitis/pharyngitis) adenitis.
• Papillary thyroid cancer: isolated, non-tender, thyroid mass, possible lymphadenopathy.

Over-40s
Neck lumps are malignant until proven otherwise.
• Metastatic lymphadenopathy: multiple, rock-hard, non-tender, tendency to be fixed.
• 75% in primary head and neck (thyroid, nasopharynx, tonsils, larynx, pharynx), 25% from infraclavicular primary (stomach, pancreas, lung).
• Primary lymphadenopathy (thyroid, lymphoma): fleshy, matted, rubbery, large size.
• Primary neoplasm (thyroid, salivary tumour): firm, non-tender, fixed to tissue of origin.

Key investigations

All patients–FBC

?Thyroid

LAD

Primary
tumours

• U/S scan: Solid/cystic.
• FNAC:
  Colloid nodule
  Follicular neoplasm
  Papillary carcinoma
  Anaplastic carcinoma.

• Full examination: Fundoscopy
  Auroscopy
  Nasopharyngoscopy
  Laryngoscopy
  Bronchoscopy
  Gastroscopy.
  FNAC:

• Biopsy:
  ?Lymphoma/carcinoma.

• CXR
• CT scan:
  Source of carcinoma.

• U/S scan.
• FNAC.