Neck lump

THYROID

Midline = thyroglossal cyst
Lateral (Bl) = thyroid mass

CTYSTS

Cystic hygroma (child)
Branchial cyst (adult)

LYMPH NODES

Many/multiple
Posterior triangle

Yes

Cystic

No

Cystic

Yes

No

Reactive
1 Lymphoma
2 Metastases

TUMOURS

Salivary gland tumours
Sternocleidomastoid tumour (torticollis)
Carotid body tumour

OTHERS

TB abscess
Subclavian artery
- Aneurysm
- Ectasia

Moves on swallowing or moves on tongue protrusion

Yes

No

Rock hard

Yes

No

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**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.
- Sternoceleidomastoid tumour.
- Carotid body tumour (rare).

**Inflammatory**

- Acute infective adenopathy.
- Collar stud abscess.
- Parotitis.

**Congenital**

- Thyroglossal duct cyst.
- Dermoid cyst.
- Torticollis.
- Branchial cyst.
- Cystic hygroma.

**Vascular**

- Subclavian or brachiocephalic ectasia (common).
- Subclavian aneurysm (rare).

**Important diagnostic features**

**Children**

- Congenital and inflammatory lesions are common.
- Cystic hygroma: in infants, base of the neck, brilliant trans-illumination, ‘come and go’.

**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**

**Thyroid**

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

**Lymphadenopathy**

- Full examination Fundoscopy: Auroscopy Nasopharyngoscopy Laryngoscopy Bronchoscopy Gastroscopy.
- Biopsy: ?Lymphoma cell type.
- CXR.
- CT scan: Source of carcinoma.

**Primary tumours**

- U/S scan.
- FNAC.