ADULT NECK LUMPS

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HEAD AND NECK SURGEONS

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Adult neck lumps are a clinical challenge as they have a broad differential diagnosis, and it can be difficult to distinguish cancers from innocuous conditions solely on history and examination.

While most adult neck lumps are benign, a neck lump may be the only presenting feature of H&N cancer. As timely treatment improves prognosis, any neck lump in an adult should be considered malignant until proven otherwise.

H&N cancer is no longer restricted to older patients who smoke. The incidence of HPV-related oropharyngeal cancer has dramatically increased in NZ and now exceeds cervical cancer. HPV-related H&N cancer typically occurs in younger patients who have never smoked. Patients with thyroid cancer also are often younger with no risk factors.

Initial Management

Initial assessment includes a history and exam with emphasis on signs and symptoms of H&N cancers or lymphoma (Box 1). The oral cavity and oropharynx are best examined through the mouth using a headlight. The nasal passages, pharynx and larynx are best examined with flexible nasal endoscopy.

Thyroid masses sit anteriorly in the neck and elevate on swallowing. The thyroid may also be the primary site in patients with lateral neck nodal disease.

Any lump near the angle of the mandible or preauricular area is suspicious for a parotid mass, even if it seems very superficial – caution should be exercised if tempted to excise a 'simple cyst' in this region.

Antibiotics should not be routinely prescribed, unless there are other clear signs and symptoms of acute infection.

Box 1. Red flags for an adult neck lump

Duration >2 weeks or size >1.5cm
Non-healing mouth ulcer (>2 weeks)
Voice change
Ear discomfort
Odynophargia or dysphagia
Smoking history
Abnormal appearing tonsil
History of skin cancers in H&N
Lump that is hard or fixed to deeper structures
Lymphoma B symptoms – weight loss, night sweats, fatigue

Investigations

FNA biopsy and ultrasound are usually the key investigations. We offer office-based US scans and FNA as part of the initial consultation to minimize appointments and expedite diagnosis.

Endoscopy

Flexible nasal endoscopy visualises the larynx and pharynx. Oropharyngeal, hypopharyngeal and laryngeal tumours are best seen with flexible endoscopy.

Imaging

Ultrasound is a safe, reliable and useful imaging modality for neck lump assessment. It measures the size, shape and number of lumps and shows the internal echotexture, blood-flow characteristics and calcifications. US of a thyroid mass will quantify the malignancy risk and whether a FNA biopsy is indicated. US also allows accurate guidance of FNA biopsies. Cross-sectional imaging, such CT or MRI, is useful in several circumstances. PET CT scanning is used to identify occult primaries and/or distant metastatic disease in certain cancers, such as advanced melanoma, oropharyngeal SCC and some recurrent cancers.

Fine needle aspiration (FNA) biopsy

Tissue-based diagnosis is crucial and FNA is a safe, accurate and well-tolerated technique. Performing the FNA with US guidance improves the diagnostic yield, especially for cystic and deeper masses. Our preference is to perform all FNAs under US guidance. Any non-diagnostic free-hand FNA should be repeated, with US guidance.

Open biopsy

Open biopsy is appropriate for a primary tumour. Open biopsies of lymph nodes are usually only indicated if the FNA suggests lymphoma or TB.

Ancillary tests

These should be based on clinical suspicion for specific diseases. They should be obtained simultaneously with, and not delay, investigations for malignancy. Tests may include EBV, CMV, Bartonella and toxoplasma serology. A CXR may be ordered to look for mediastinal lymphadenopathy from TB or lymphoma. Consider ANCA and ANA testing if there are features of autoimmune disease.

Summary

Adult neck masses are a clinical challenge for which prompt diagnosis is important. Antibiotics should be prescribed only when there is clear evidence of an acute infection. Early referral to a specialist for endoscopy, biopsy and imaging is important. Ancillary tests should not delay obtaining a tissue diagnosis.