Head And Neck Tumours And Swellings

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Introduction

* Good history & physical examination.
* Location and pts age, children, inflm. & Cong.
* Adults ...... more than 2cm mass .... 80% malig.
* Clinical signs (size, site, consist., .... etc)
Investigations

* FNA
* CT, MRI ..... Anatomic relations
Cervical lymphadenopathy

* How many lymph nodes in the neck?
* Inflammation.....common(acute, chronic)
Acute lymphadenitis
Causes of cervical lymphadenopathy

Inflammatory
- Reactive hyperplasia

Inflective
- Viral
  For example, infectious mononucleosis, HIV

Bacterial
- *Streptococcus, Staphylococcus*
- Actinomycosis
- Tuberculosis
- Brucellosis
Causes of cervical lymphadenopathy

- Protozoan
  - Toxoplasmosis
- Neoplastic
- Malignant
  - Primary, e.g. lymphoma
  - Secondary, e.g. squamous cell carcinoma
  - Known primary
  - Occult primary
Cervical lymph nodes

FIG. 17-58. Levels of the neck denoting lymph node bearing regions.
Classification of Cervical Lymph Nodes

- I
  - Submental nodes
  - Submandibular nodes
- II
  - Upper internal jugular chain nodes
- III
  - Middle internal jugular chain nodes
- IV
  - Lower internal jugular chain nodes
- V
  - Spinal accessory nodes
  - Transverse cervical nodes
- VI
  - Tracheoesophageal groove nodes
Benign neck masses

- Thyroglossal cyst
- Branchial cyst
- Cystic hygroma (cavernous lymphangioma)
- Dermoid cyst
- Cervical rib
Branchial cyst

*From the remnant of the 2nd branchial cleft.
*Lined by squamous epith….thick turbid high cholesterol crystals.
*Presents at middle adulthood
*Anterior border of the upper middle 3rd of sternomastoid.
*Diagnosis…US, FNA
*Treatment….complete excision.
Branchial fistula
Branchial fistula probed
Thyroglossal cyst

* Thyroid descends fro the base of the tongue.
* Persistence of the track…..duct cyst.
* Midline …moves with protruding the tongue.
* Treatment…excision(after scanning).
Thyroglossal fistula
Cystic hygroma

*Sequestration of a portion of the jugular lymph sac.

*Appears at neonate. Infancy or at birth.

*Appears at lower 3rd of the neck.

*Soft, compressible, brilliantly translucent (clear lymph).

*Treatment..excision.
Cervical rib

* 0.5% of people have a 7\textsuperscript{th} cervical rib.
* 3 clinical situations...simplest. Hard lump in the neck.
* Treatment ...excision.
Dermoid cyst

* Tend to present as midline masses.
* Represent trapped epithelium at the time of embrionic closure of midline.
THANK YOU