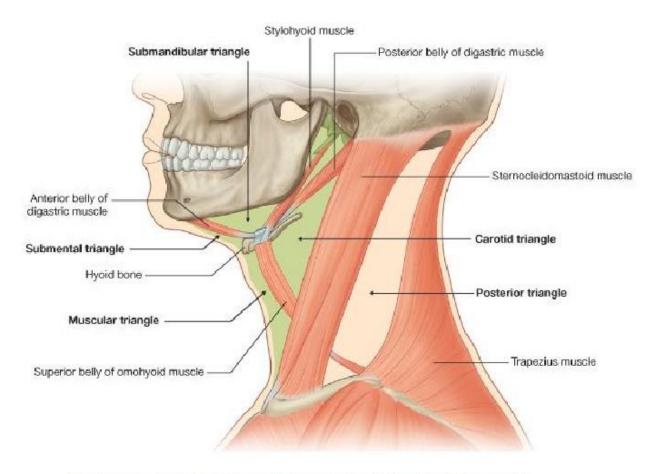
COMMON NECK SWELLINGS

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Professor of Surgery



Borders and subdivisions of the anterior triangle of the neck

Common Neck Swellings

- Thyroid
- Lymph nodes
- Thyroglossal Cyst
- Parathyroid

THYROID

Causes of Goiter

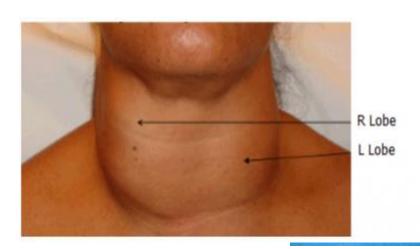
- Thyroid cyst
- Physiological goiter
- Multinodular goiter
- Inflammatory
- Benign tumor
- malignancy

Thyroid cyst



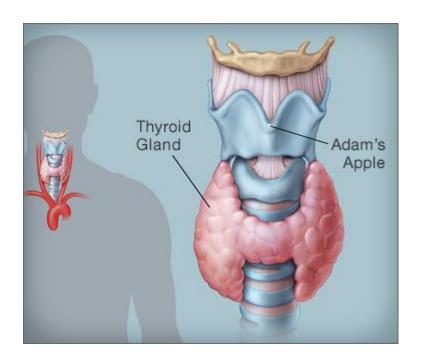


Multinodular Goiter



Inflammatory Thyroiditis

Commonest is Hashimoto's Thyroiditis



MALIGNANT TUMORS OF THE THYROID

Characteristics

- Painless enlarging nodule
- Lymphadenopathy
- Hoarseness of voice
- Dysphagia
- Function is usually normal

Thyroid Malignancy

Papillary	85%
Follicular	10%
Lymphoma	< 5%
Medullary	< 376
Undifferentiated	1%

Papillary Carcinoma

- Commonest
- Incidence is increasing
- Exposure to radiation
- Familial types
- Painless nodule

Papillary Carcinoma

- Young age
- F: M3:1
- Spreads to lymphatics
- Mets to lung & bone
- Good prognosis

Follicular Carcinoma

- Older patients than papillary
- Mets by blood to lung & bone
- Takes radio-nuclear iodine

Lymphoma

- Approximately 1-5% of all thyroid malignancy
- Risk increased in Hashimoto's thyroiditis
- Usually diagnosed by pathology
- Treat as lymphoma any where

Medullary Carcinoma

- From C-cells
- 25% heredetary
- MEN 2 syndrome
- Bad prognosis

Undifferentiated

- Elderly patients
- Locally invasive
- Worst prognosis

Causes of a solitary thyroid nodule

- Thyroid cyst
- Dominant nodule in a multinodular goiter
- Degeneration or hemorrhage into a colloid cyst or nodule
- Benign tumor
- malignancy

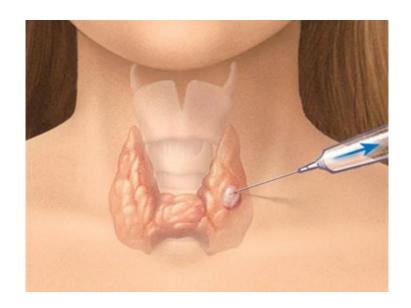
INVESTIGATIONS





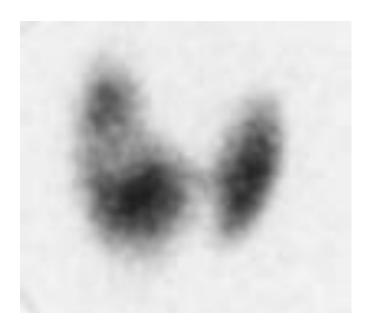
Fine Needle Aspiration (FNA)



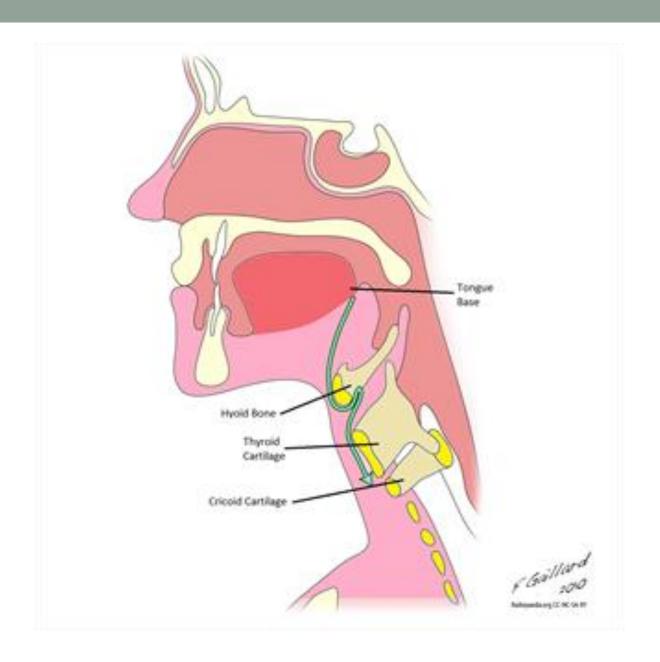


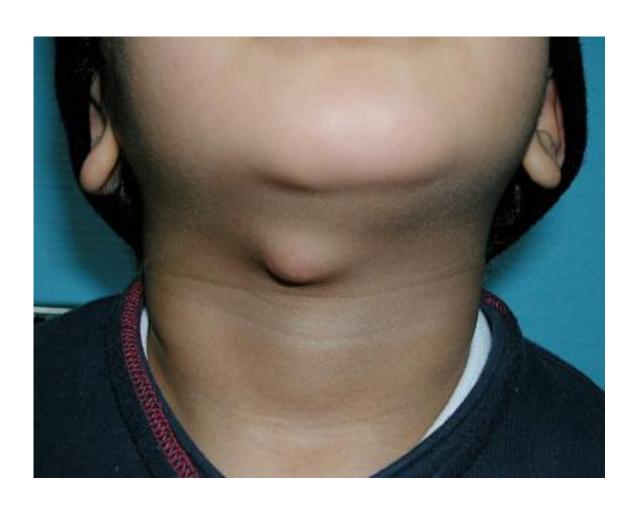


% Thyroid Uptake = 13 63 Normal Uptake Range = 0.5 - 3.5%



THYROGLOSSAL CYST



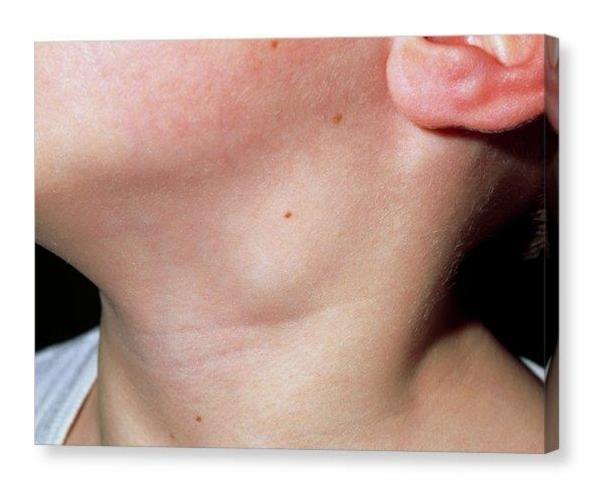




LYMPHADENOPATHY

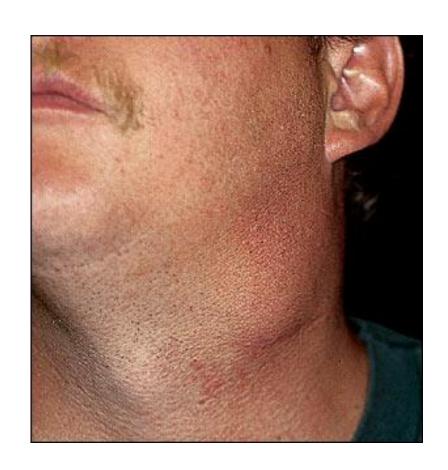
Lymph Node Swellings Inflammatory

Acute



Lymph Node Swellings Inflammatory

Chronic



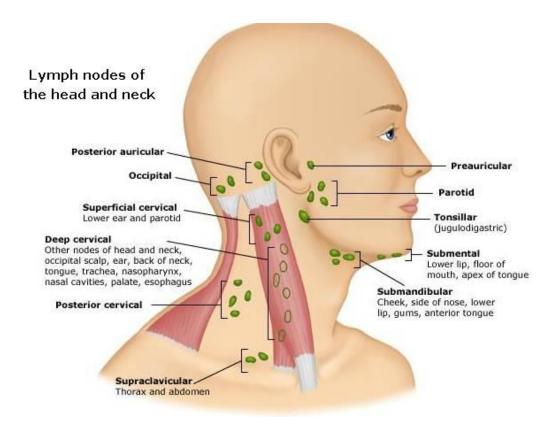
Lymph Node Swellings Neoplastic

Primary



Lymph Node Swellings Neoplastic

Secondary



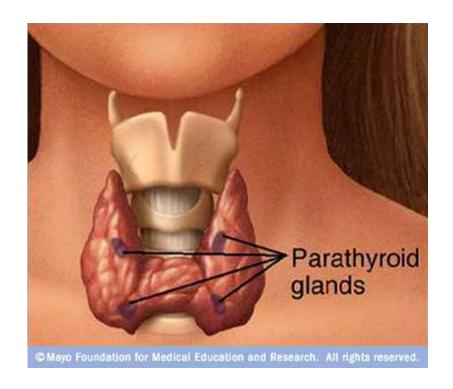
PRIMARY HYPERPARATHYROIDIM

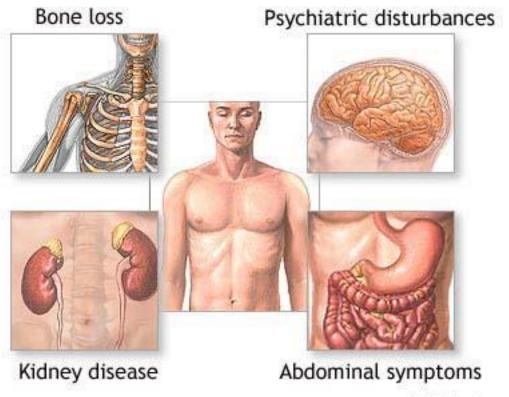
- Statistics from Western countries indicate a 0.1-0.5% prevalence rate for PHP.
- No evidence for geographical variation

Clinical presentation

- In the west 60 70% detected by routine screening.
- Many are asymptomatic

Adenoma	84%
Hyperplasia	15%
Carcinoma	1%





@ADAM, Inc.

Clinical manifestations

- Renal stones
- Bone and joint pains
- Abdominal groans
- Psychic moans
- Fatigue overtones

Investigations

- Serum Calcium
- PTH
- Serum Phosphate
- Chloride 1

Lateral Neck Swellings

- Lymph nodes
- Submandibular gland
- Tail of parotid gland
- Carotid body tumor
- Lipoma.
- Laryngocele

Lateral Neck Swellings

- Pharyngeal diverticulum
- Branchial cyst
- Cystic hygroma
- Sebaceous cyst
- Hemangioma
- Aneurysm
- Others

Anterior Triangle Neck Swellings

- Thyroid
- Thyroglossal cyst
- Lymph nodes
- Lipoma
- Dermoid cyst
- Sebaceous cyst
- Hemangioma
- Aneurysm



