

# ENT SAQ

By: 430 ENT team

Head and neck

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❖ Note: please refer to the original lecture given by the doctor

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Ear, Nose  
& Throat

## Cases

**Case 1:****What is your diagnosis?**

- ✓ Submandibular duct (Wharton duct)  
Caliculi (sialolithiasis).

**What is the treatment?**

- ✓ Mostly conservative
- may resolve spontaneously
- encourage salivation to clear calculus
- remove calculi by dilating the duct and orifice or excision through floor of mouth
- if calculus is within the gland parenchyma then whole gland must be excised

**Mention a complication of the needed surgical procedure:**

- 1- Anesthesia complication
- 2- Bleeding
- 3-infections
- 4- Injury to the surrounding tissue (Injury to the nerves (hypoglossal, lingual, marginal mandibular nerve))

➤ **Name the duct that connects this structure with the floor of the mouth:**

- ✓ Wharton's duct

**This pathology occurs mostly in which salivary gland:**

Submandibular gland



**Case 2:**

-This patient present with history of midline swelling which move with protruding of tongue?

-A cystic mass that was present in the neck of a child for 1 year and it moves up and down with protrusion of the tongue

**What is your diagnosis?**

- ✓ Thyroglossal duct cyst

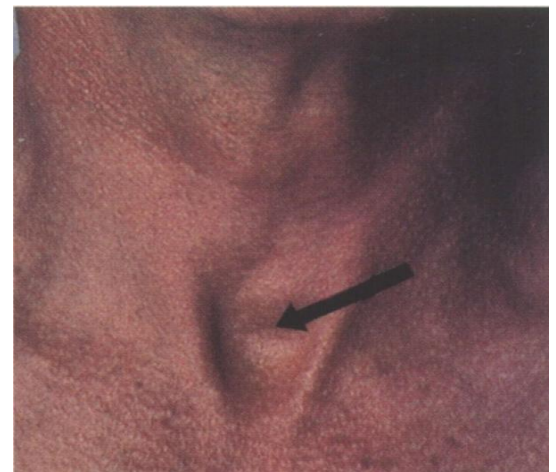
**What is the treatment and what should you do before the surgery?**

- preoperative antibiotics to reduce the inflammation
- sistrunk procedures

(Potential for neoplastic transformation so complete excision of cyst and tract up to foramen cecum at base of tongue with removal of central portion of hyoid bone)

**What is the most serious complication?**

Malignant transformation

**Case 3**

- A child with recurrent respiratory tract infection and fever presented to you with red swollen neck mass?

-23 year old female with a neck mass for two years that enlarges with upper respiratory tract infection.

➤ **What is your diagnosis?**

- ✓ Branchial cleft cyst



## Mention 2 complications?

- Malignancy transformation
- compressing adjacent structures
- recurrent infections

## ➤ What is the image on the right?

- ✓ Ultrasound of the thyroid

## What is your treatment?

- ✓ Surgical removal



## Case4

## ➤ Solid congenital lingual mass located between the anterior 2/3 and Posterior 1/3 of the tongue.

## What is the diagnosis?

- ✓ Lingual thyroid (which is a thyroid located at the base of the tongue, just posterior to the foramen cecum of the tongue.)

## What to do before surgery?

- ✓ Thyroid function test





**Case 5**

- *The patient presented with weight loss.*
- A. **What is your diagnosis?**
  - ✓ Squamous cell Carcinoma of the tonsils
- B. **What other differential diagnosis can it be?**
  - ✓ Quinsy
- C. **What is the definitive diagnostic tool?**
  - ✓ Biopsy & histopathological evaluation and CT

**Case 6**

- *A female patient presented with a slowly growing mass for 8 years*
- *Parotid swelling in 60 year old man which is progressing in size for the last 15 years*
- A. **What is your diagnosis?**
  - ✓ Pleomorphic adenoma of the parotid gland
- B. **What is the most important diagnostic tool?**
  - ✓ FNA (Fine Needle Aspiration)
- C. **If FNA is not conclusive, what do you do to confirm diagnosis?**
  - ✓ Surgical excision to prevent the transformation to malignancy
- D. **What is the treatment?**
  - ✓ Surgical excision
- E. **Mention 2 signs of malignancy?**
  1. Facial nerve involvement
  2. skin ulceration
- F. **Summary of treatment for parotid tumors**
  - ✓ If it is benign superficial parotidectomy
  - ✓ Malignant: high grade (total parotidectomy+neck dissection+radiotherapy),
  - ✓ Low grade: partial parotidectomy



**Case 7**

- *Smoker came with hoarseness.*
- A. What is the diagnosis?  
✓ Right Anterior vocal cord carcinoma
- B. Give 2 modalities of treatment.  
✓ Radiation, surgery

**Case 8**

- A. What is this diagnostic procedure?  
✓ Sialogram (A)
- B. Mention 2 things can be seen by it?  
✓ Stone  
✓ Compression by any mass.  
✓ sialectasia

A

**Case 9**

- *A patient presented with nasal drips or nasal obstruction associated with decreased hearing*
- *(Lateral neck mass with ipsilateral hearing loss)*
- A. What is your diagnosis?  
✓ Nasopharyngeal carcinoma
- B. What is the management of the primary lesion?  
✓ Radiotherapy
- C. What is the origin of the finding and how to you confirm your diagnosis?  
✓ Rose muller fossa (posterior and superior to the eustachian tube)  
✓ Confirm by nasopharyngealscopy ,biopsy,CT/MRI

**Case 10**

- A. What is your diagnosis?  
✓ Cystic hygroma
- B. What is the Treatment?  
✓ Surgical excision



**Case 11****A. What is your diagnosis?**

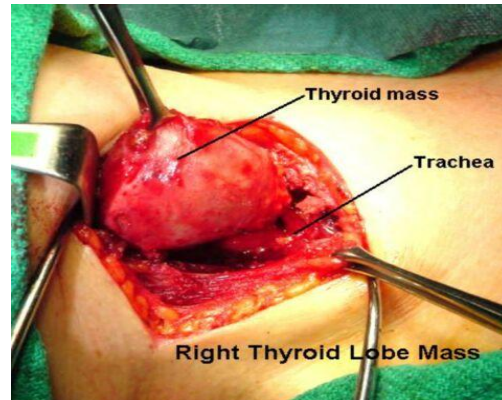
- ✓ **right** thyroid lobe mass

**B. risk factors**

- ✓ age (less than 20 or more than 60)
- female
- rapid growth
- family history of cancer

**C. Treatment**

- ✓ If benign\_ follow up
- ✓ If undetermined \_ repeat FNA at least 3 times if still undetermined
- ✓ hemithyroidectomy for DX (because it tells pathologist about capsular and vascular invasion)
- ✓ If malignant \_ surgery
- ✓ Low-risk patient : either hemi- or total thyroidectomy
- ✓ high-risk patient : neck dissection : if there is involvement of lymph node

**Case 12**

**A child presented with a pulsatile mass, compressible, positive illumination and it increases with crying**

**A. What is your diagnosis?**

- ✓ encephalocele

**B. What is the next step for investigation?**

- ✓ MRI\CT



## Case 13

## Question 13

- Picture of patient who is c/o foreign body sensation under the tongue, give 2 differential diagnosis for what you see?
  1. **Tongue carcinoma**
  2. **Tongue ulcer**



•T.R.BULL\ P182 Fig. 4.33 (4<sup>th</sup>)  
 •T.R.BULL\ P180 Fig. 314 (2<sup>nd</sup>)

22 December 2013

DR. Y.M.N.

## Case 14

## Question 7

- 62 year old male who is heavy smoker c/o dysphagia, weight loss .....
1. Diagnosis? **Carcinoma of the oesophagus**
  2. Mention one of the predisposing factors for this condition?  
**Smoking**



نفس هذه الصور أنت في الإختبار

22 December 2013

DR. Y.M.N.



## Head and neck masses

### Pictures

#### Cervical cellulites

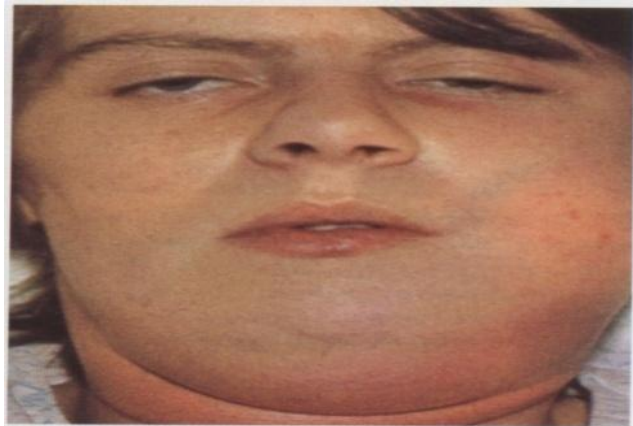


Fig. 5.18 **Cervical cellulitis** may develop from a dental abscess in the lower molars and involve the neck laterally.

#### Ludwig's angina



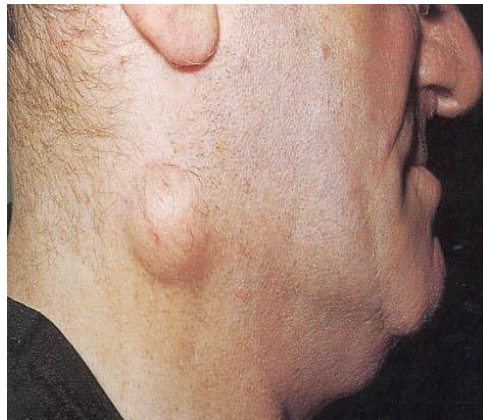
Fig. 5.17 **Ludwig's angina.** An indurated, tender, mid-line inflammation is characteristic of Ludwig's angina. Bimanual palpation reveals a characteristic woody firmness of the normally soft tissues of the floor of the mouth, which is an early sign. This acute infection may spread from the apices of the lower incisors, in this case following extraction. In the preantibiotic era this condition was serious, because spread of infection involved the larynx and caused the acute onset of stridor. This complication is still to be remembered, although extensive neck incisions to relieve pus under pressure are rarely necessary, and the response to intramuscular penicillin is good.

### Rhinophyma

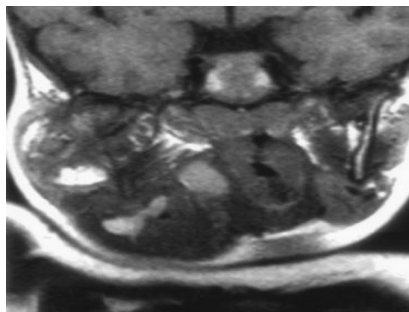
#### 3.11 Rhinophyma (p. 106)



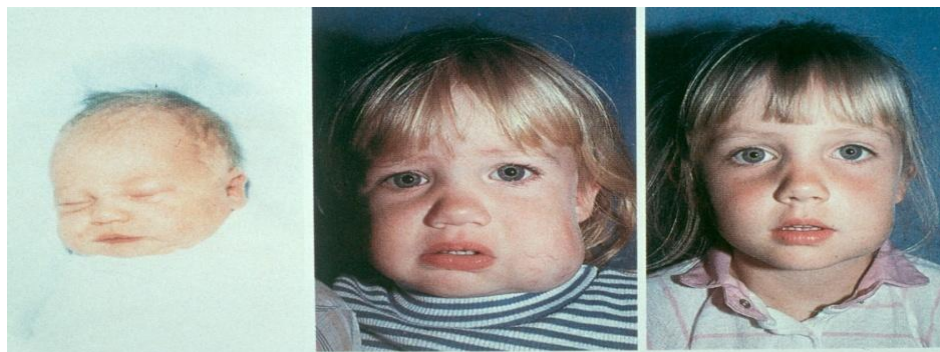
### Epidermal and Sebaceous Cysts



### Vascular Tumors (lymphangioma)



### *Vascular Tumors (hemangioma)*



### *Granulomatous lymphadenitis*



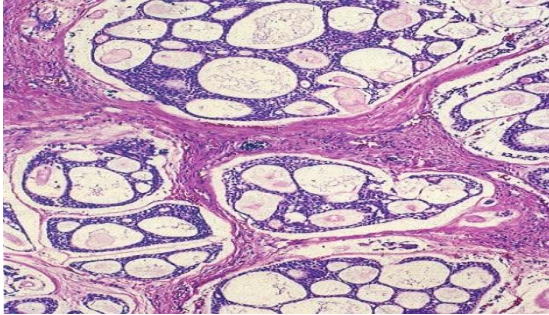
### *Pleomorphic Adenoma*



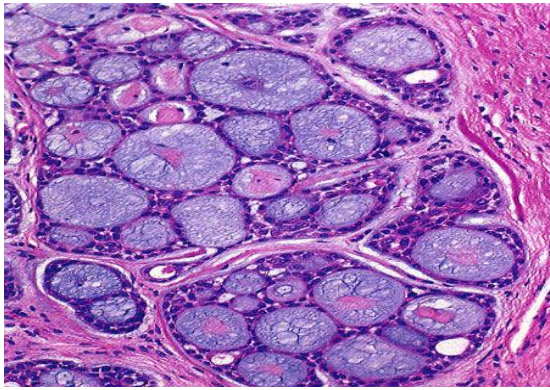
Copyright 2005 Elsevier Inc.



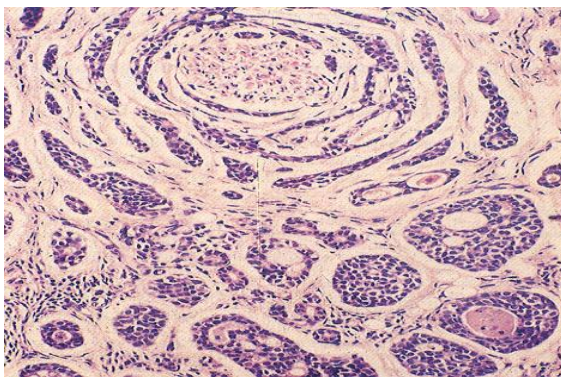
### *Adenoid Cystic Carcinoma (cribriform pattern)*



### *Adenoid Cystic Carcinoma (tubular pattern)*

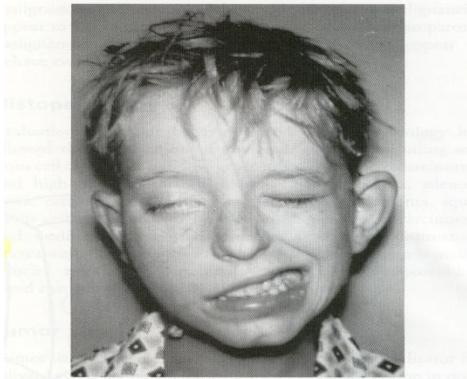


### *Adenoid Cystic Carcinoma (solid pattern)*





## *Right facial paralysis after parotidectomy*



**FIGURE 107.17.** Right facial paralysis after parotidectomy.

## *Minor's test*



Figure 3. The Minor's test showed areas where the secretion of sweat gland diluted with iodine, which reacted with the starch.

- *Paragangliomas*

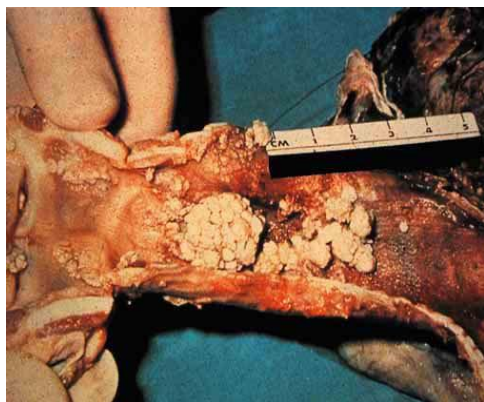


## *Hypopharyngeal Cancers*



### *Laryngeal Papillomatosis*

*(Exophytic, warty, friable, tan-white to red growths)*



### *Glottic Carcinoma*

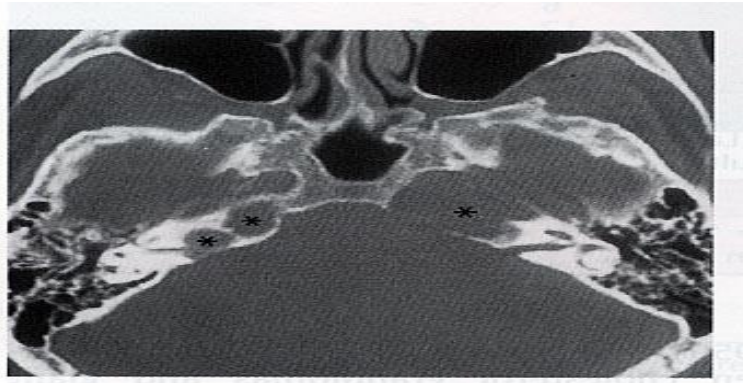


## Head and neck Masses

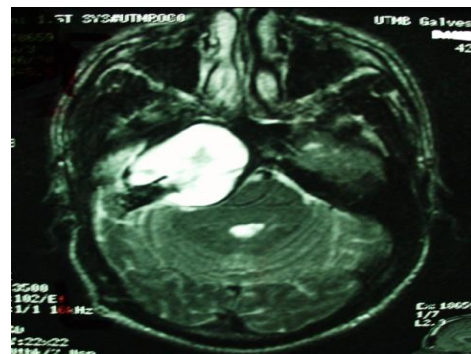
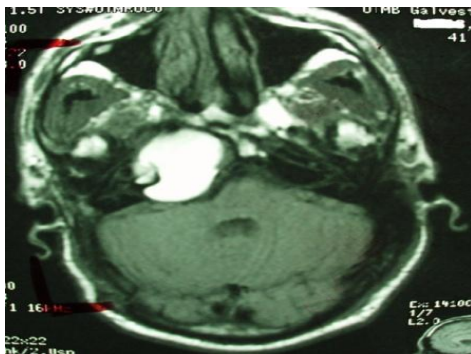
### Radiology

#### Lesions of the Petrous Apex and Clivus

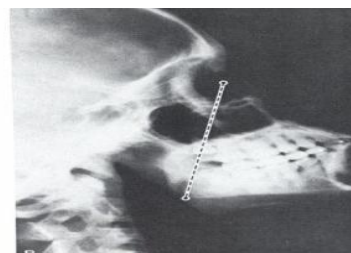
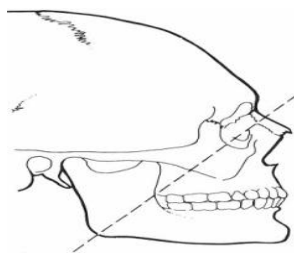
- Cholesterol granulomas



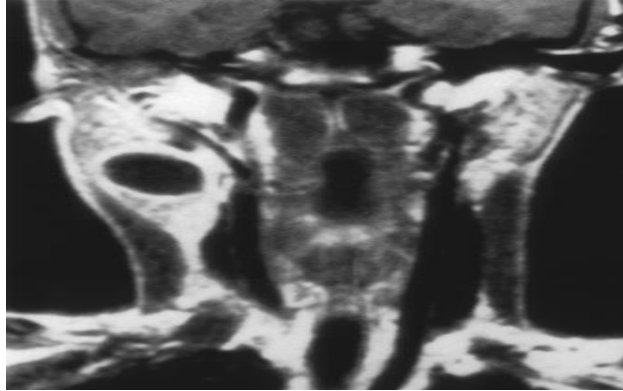
#### Lesions of the Petrous Apex and Clivus



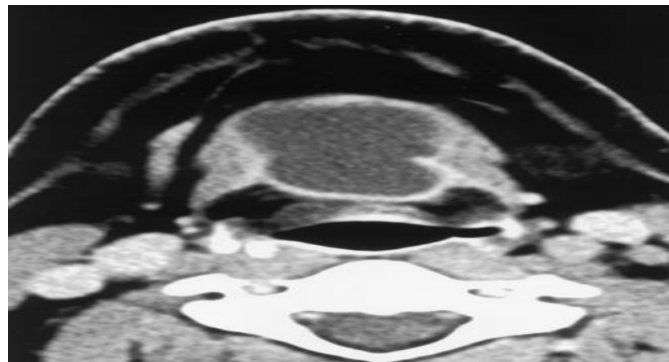
#### Staging of Maxillary Sinus Tumors



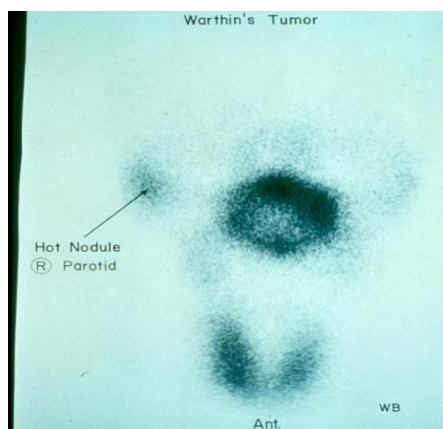
### *Branchial cleft cyst*



### *Thyroglossal Duct Cyst*



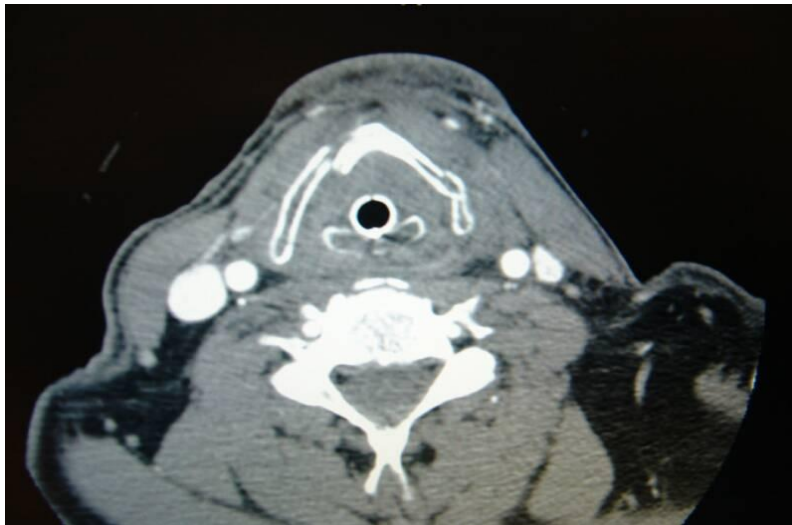
### **Warthin's tumor**



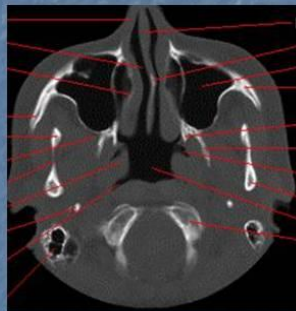


Left paravertebral area hematoma or abcess and

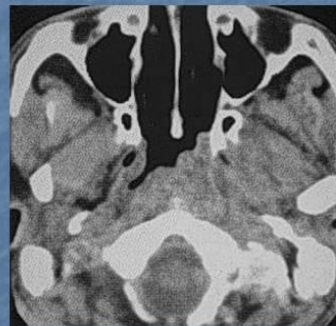
Right side hyoid bone fracture



### CT NASOPHARYNX

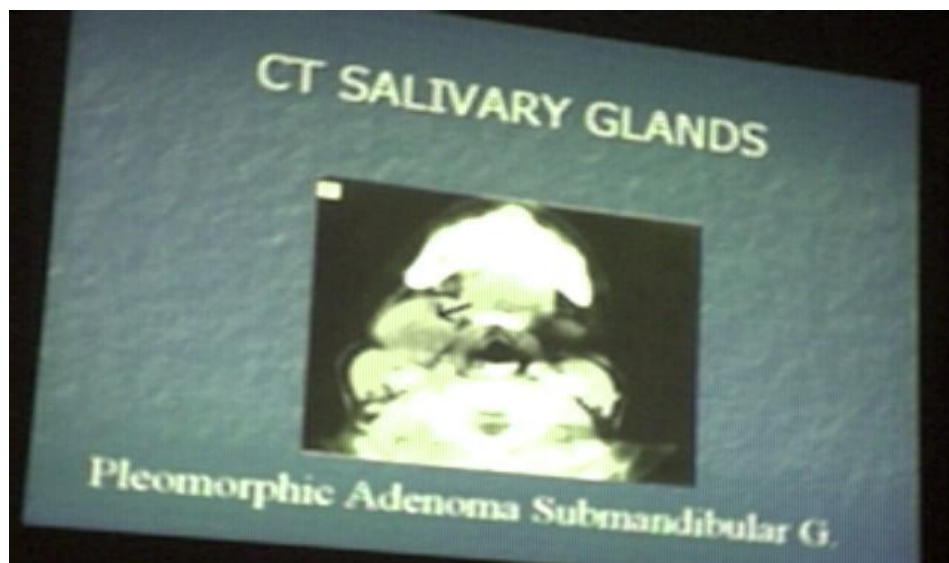


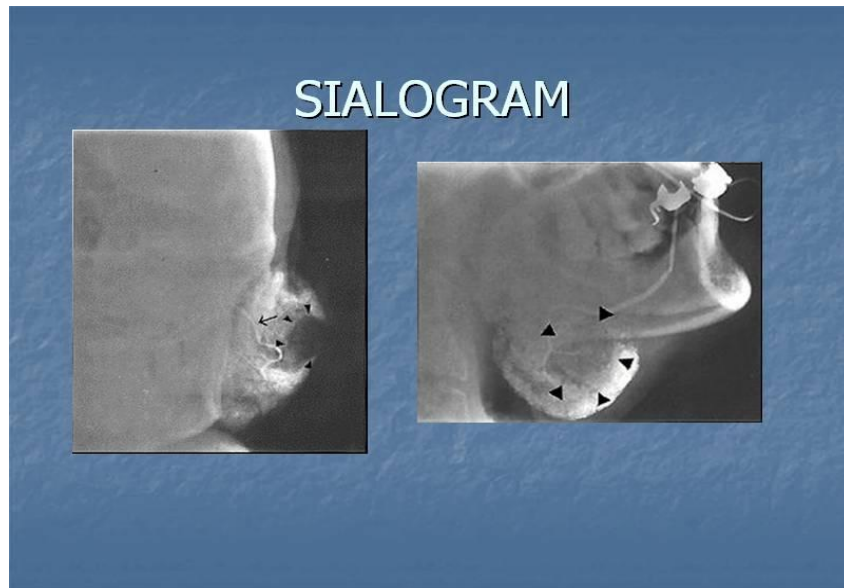
Normal



Carcinoma nasopharynx

**Submandibular Calculi (sialolithiasis).**





## 1.25 Acoustic neuroma (p. 16)

