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Associates

Head and Neck Case Studies

John Chaplin & Nick McIvor

www.headneck.co.nz

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Interactive session

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- Open text messaging
- 0297 702 140 into contacts
- Text selection

lumps

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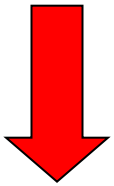
- every lump must have a diagnosis
  - Working diagnosis
    - » +/- investigations

  - Review
    - » +/- investigations



  - Resolution
  - Definitive diagnosis

lumps

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factors to consider

- age & duration
- tissue & site
- number

lumps

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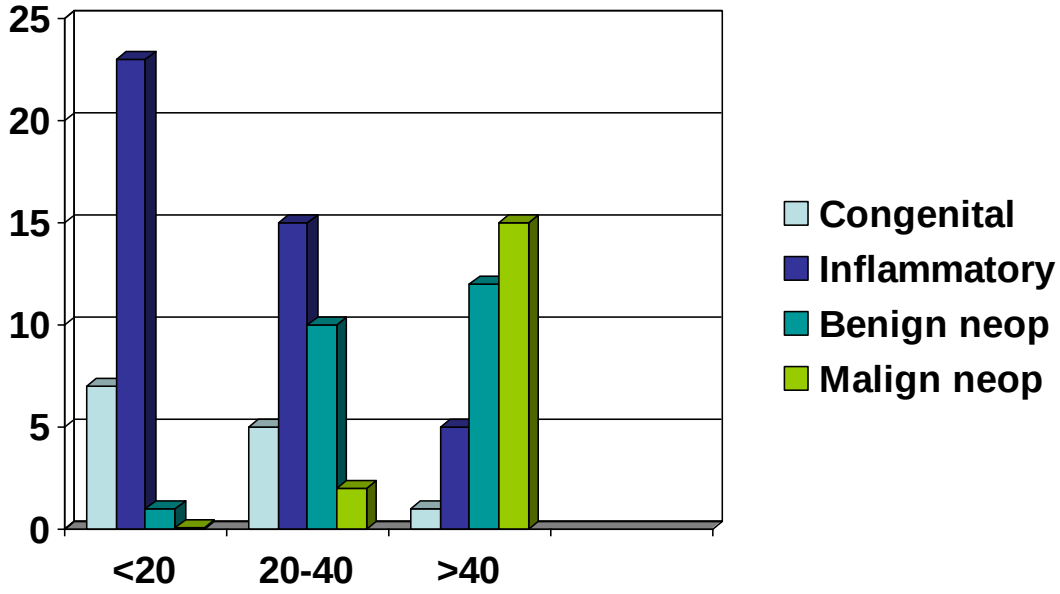
factors to consider

- age & duration



lumps

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factors to consider

- age & duration
- tissue & site

Most likely head and neck mucosal cancer to present to a GP?

1. Oral cavity
2. Tonsil and base of tongue
3. Nasopharynx
4. Larynx
5. pharynx

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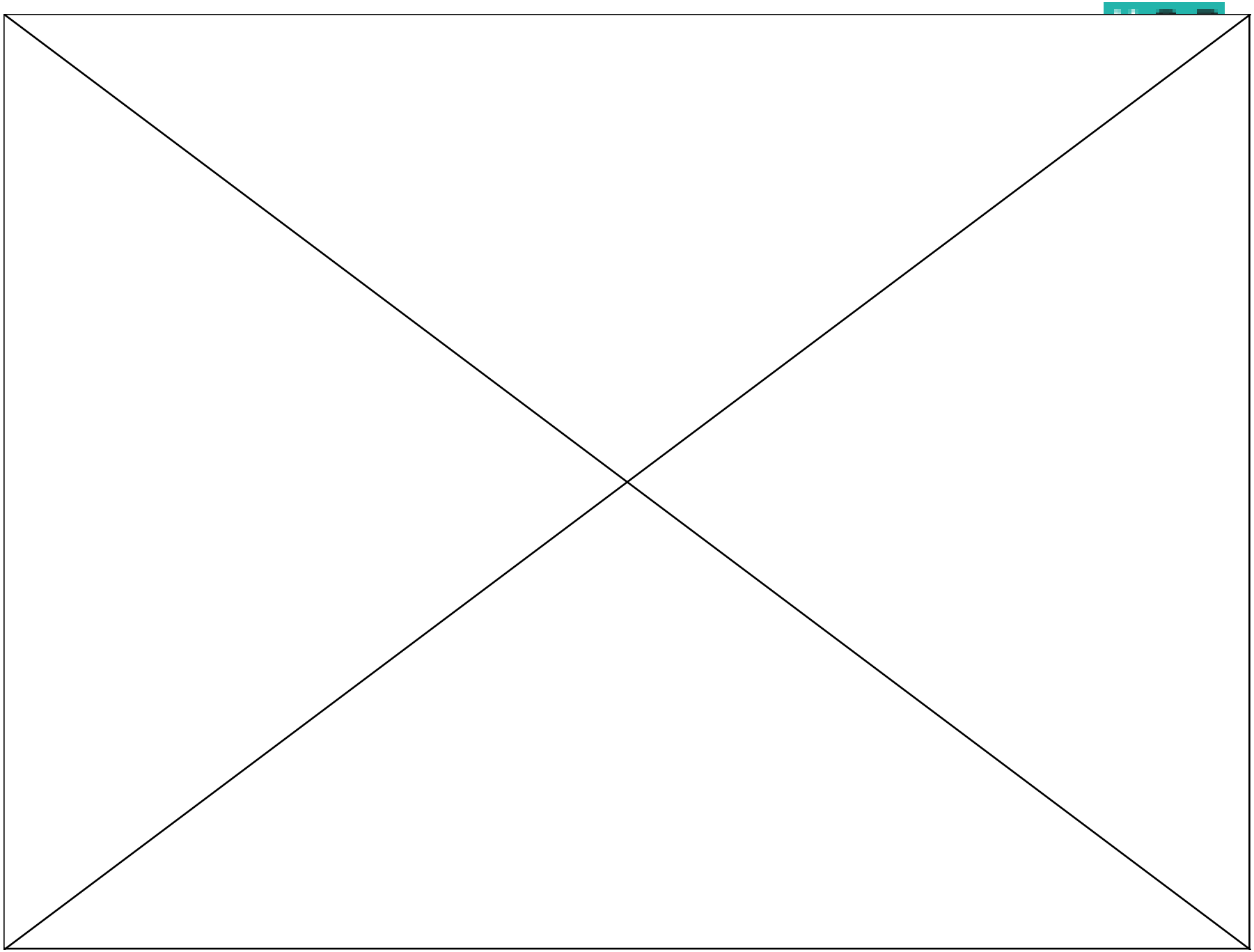

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Most likely head and neck mucosal cancer to present to a GP?

1. Oral cavity
2. Tonsil and base of tongue
3. Nasopharynx
4. Larynx
5. pharynx

Answer: 2. tonsil and base of tongue

Case 1

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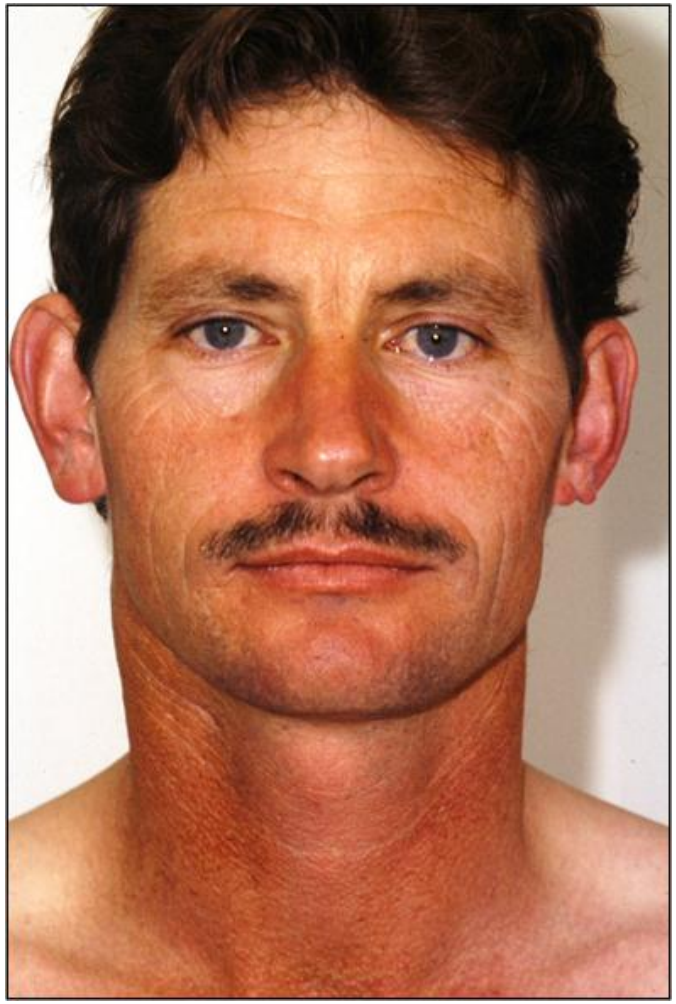

- 40 yr old male
- Never smoked
- 4 week history right neck mass
- No pain
- No cutaneous malignancy
- No pharyngeal symptoms

40 yr old man - nonsmoker
2cm upper lateral neck lump
1 month - asymptomatic
What is the appropriate action?

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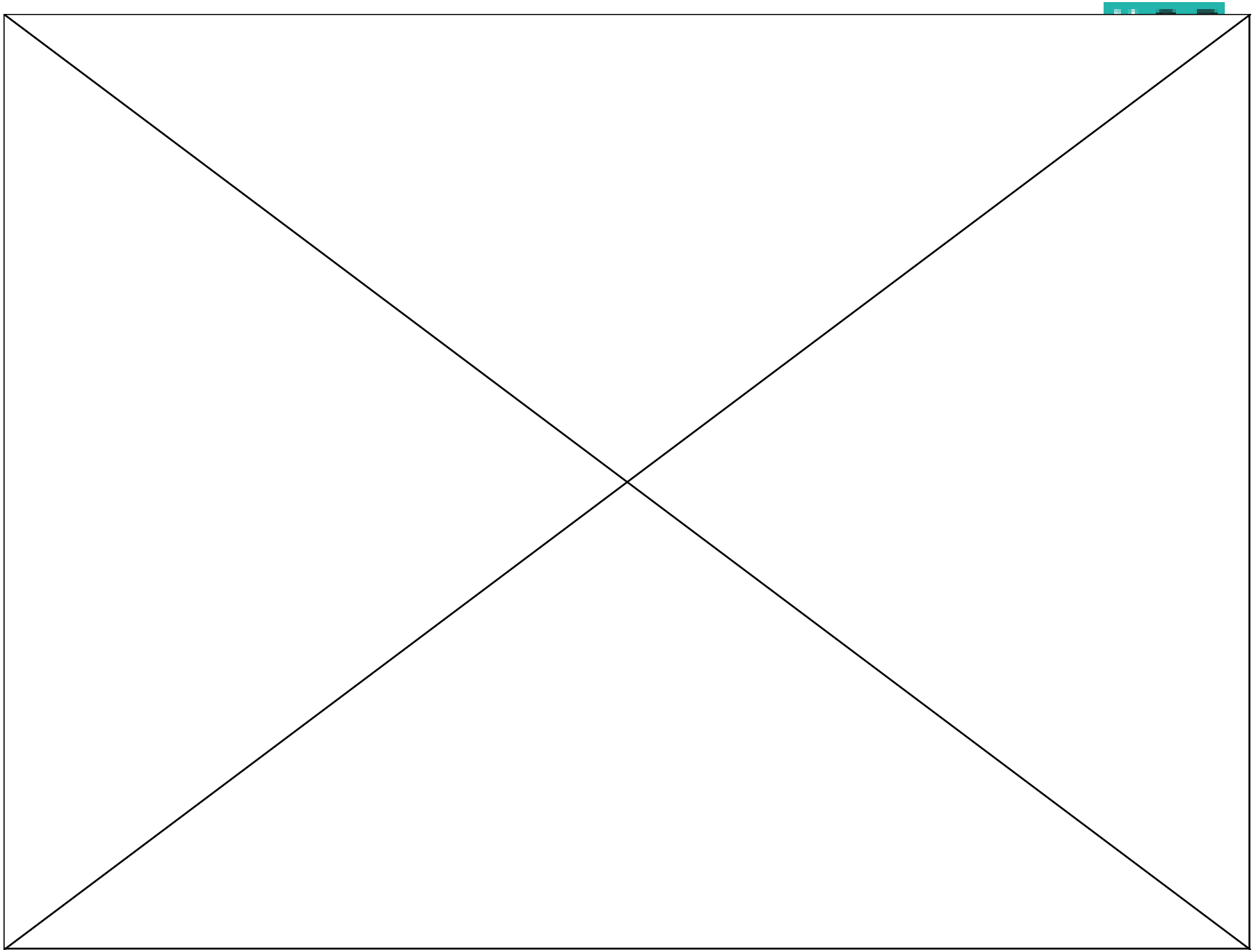
1. Exam skin
2. Examine oral cavity and tonsils
3. FNA and serology
4. Refer for upper airway endoscopy
5. All of the above



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1. Exam skin
2. Examine oral cavity and tonsils
3. FNA and serology
4. Refer for upper airway endoscopy
5. All of the above

Answer: 5. all of the above

FNA shows fluid with mild atypical epithelial cells. Pathologist suggests excision of mass.

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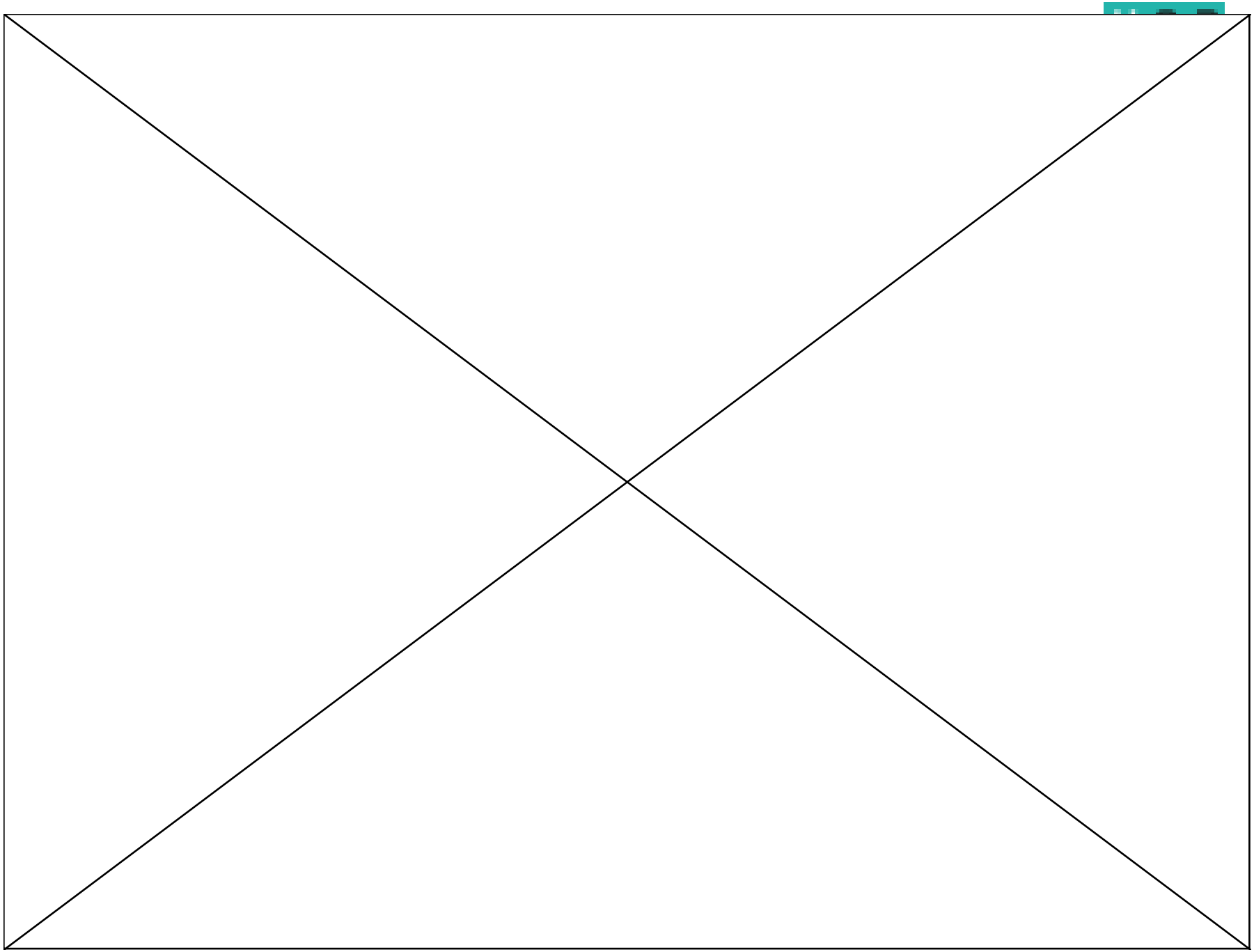
- Do you?

a. Refer for excision
b. Send to another pathologist for repeat FNA
c. Send patient away with no follow up
d. Refer for upper airway exam and biopsy of potential primary sites



FNA shows fluid with mild atypical epithelial cells. Pathologist suggests excision of mass.

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- Do you?

a. Refer for excision
b. Send to another pathologist for repeat FNA
c. Send patient away with no follow up
d. Refer for upper airway exam and biopsy of potential primary sites

d.need to rule out a cystic metastases from upper airway SCC

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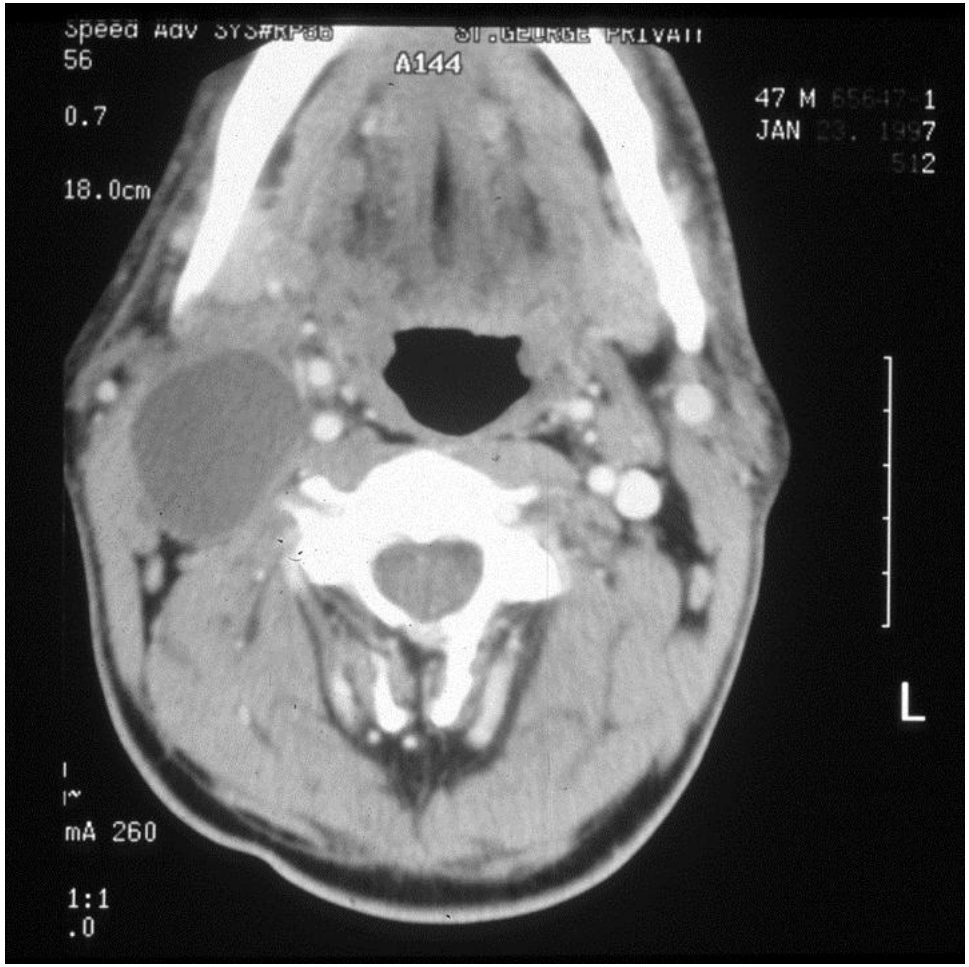

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What is the most common presentation of tonsil cancer?

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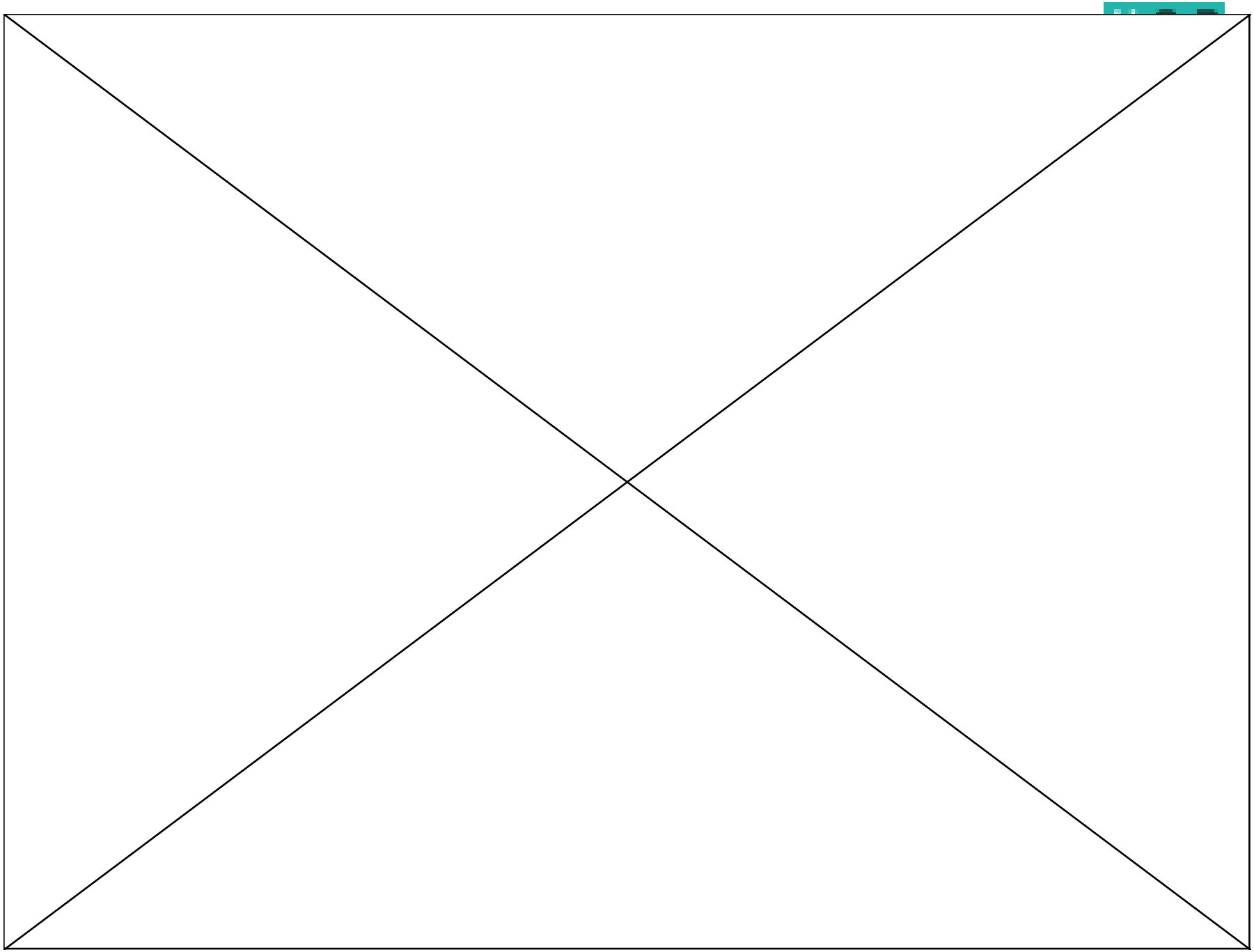
1. sore ear +/or sore throat
2. Blood in saliva
3. Swallowing difficulty or pain
4. Neck lump
5. Worsening snoring or OSA



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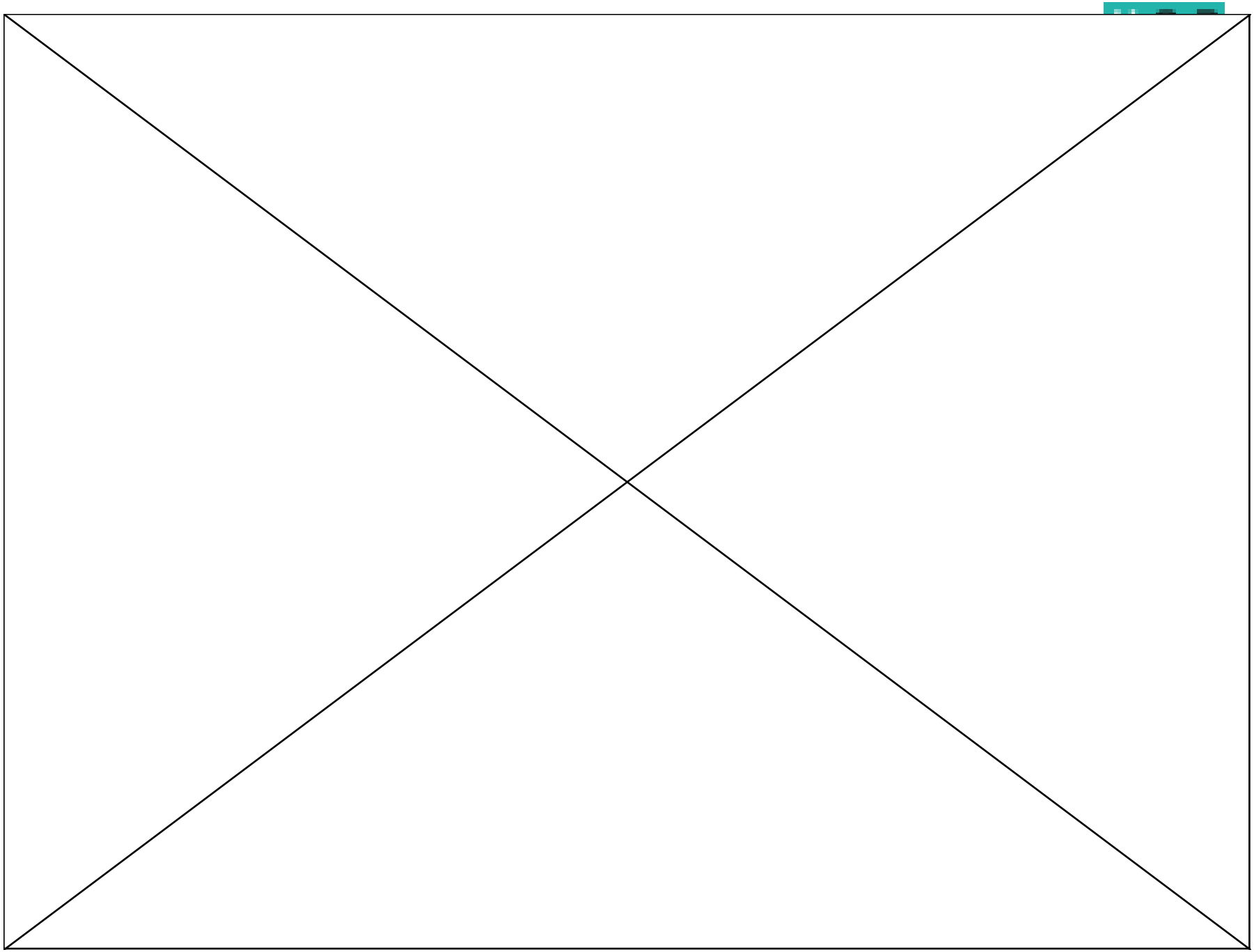
1. sore ear +/or sore throat
2. Blood in saliva
3. Swallowing difficulty or pain
4. Neck lump
5. Worsening snoring or OSA

answer: 4. neck lump

Most common neck node involved in oropharyngeal cancer?

1. submandibular
2. Parotid
3. upper lateral neck
4. Lower lateral neck
5. Posterior triangle



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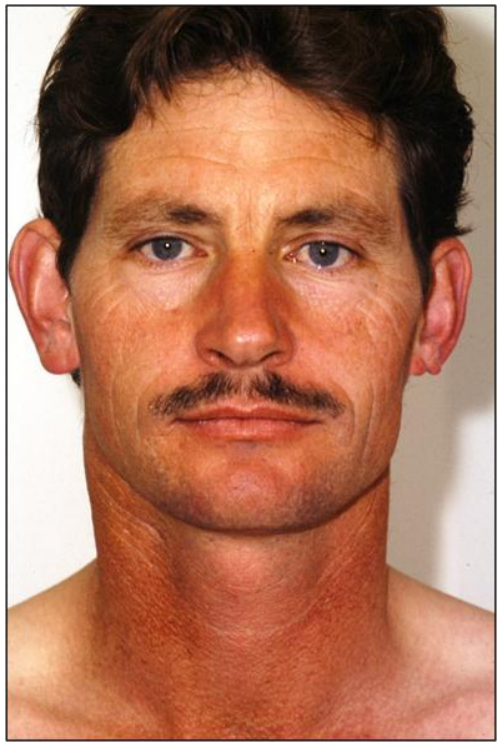

Answer: 3. upper lateral neck

Most common cause of tonsil/base of tongue cancer?

1. Smoking
2. alcohol
3. Smoking and alcohol
4. EBV
5. Oral sex

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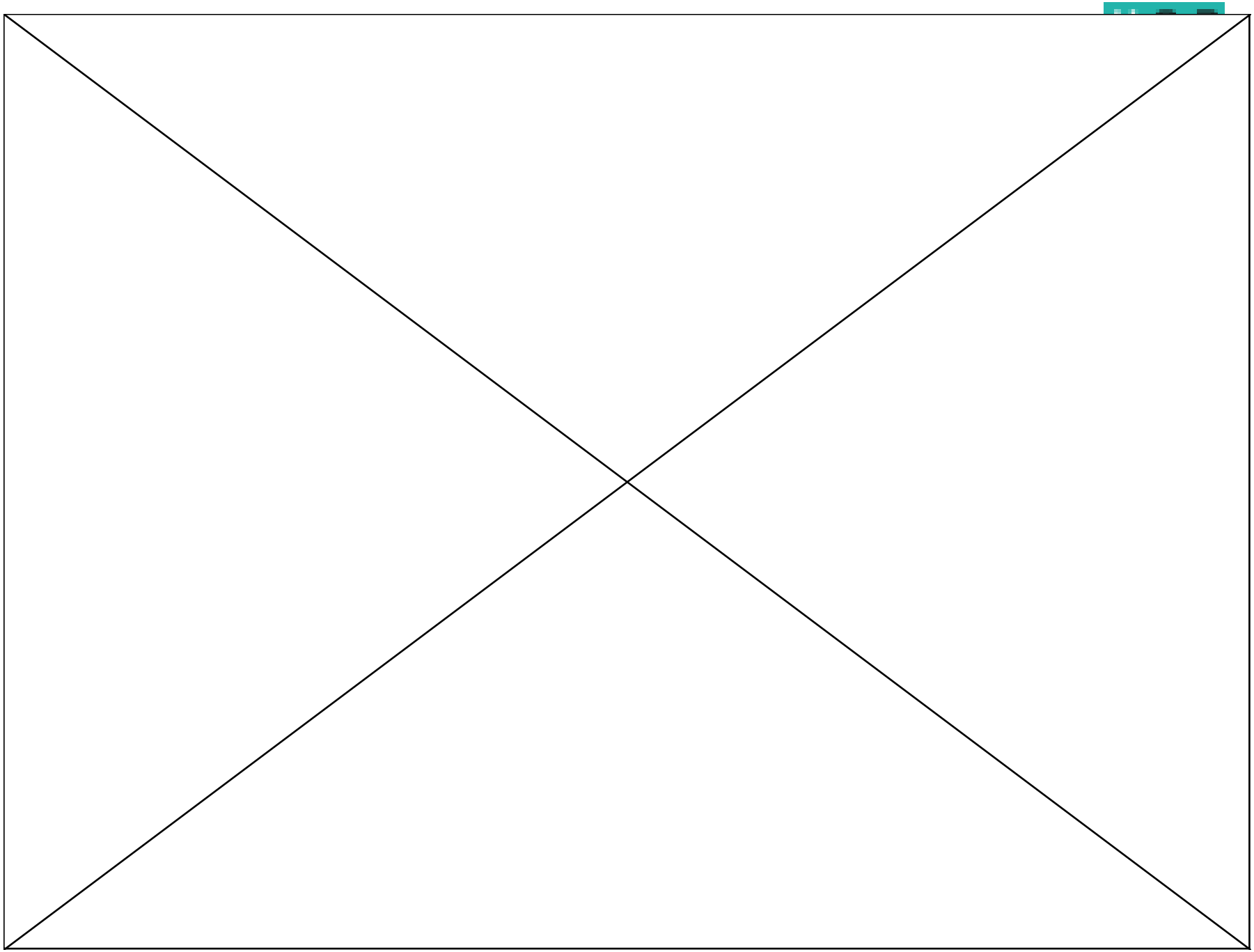

Most common cause of tonsil/base of tongue cancer?

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3. Smoking and alcohol
4. EBV
5. Oral sex

Answer: 5. oral sex – HPV 16,18

Overall cure rate for tonsil/base of tongue cancer?

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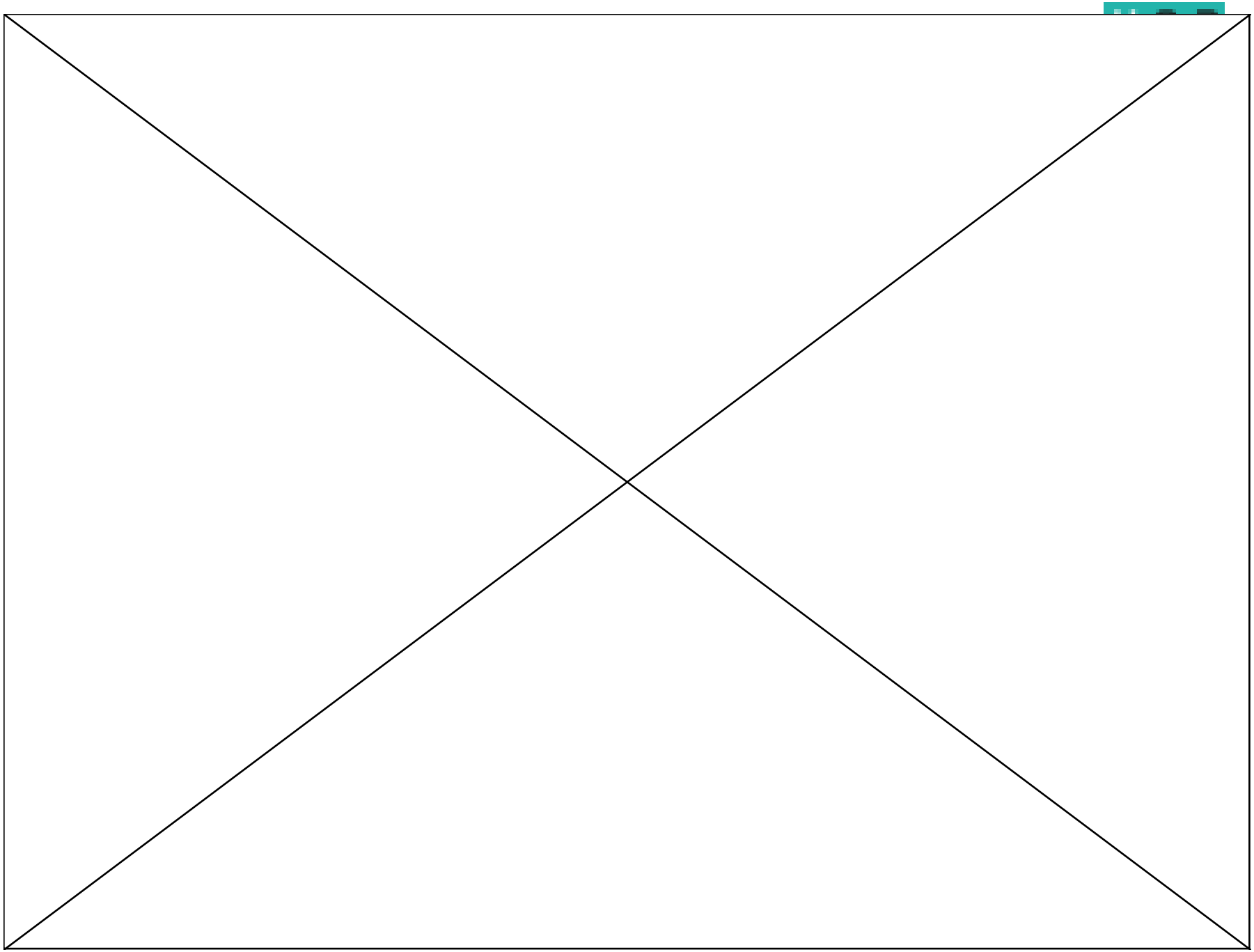
1. 0%
2. 25%
3. 50%
4. 75%
5. 100%



Overall cure rate for tonsil/base of tongue cancer?

1. 0%
2. 25%
3. 50%
4. 75%
5. 100%

Answer: 4. 75%

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What is the NZ HPV vaccination schedule?

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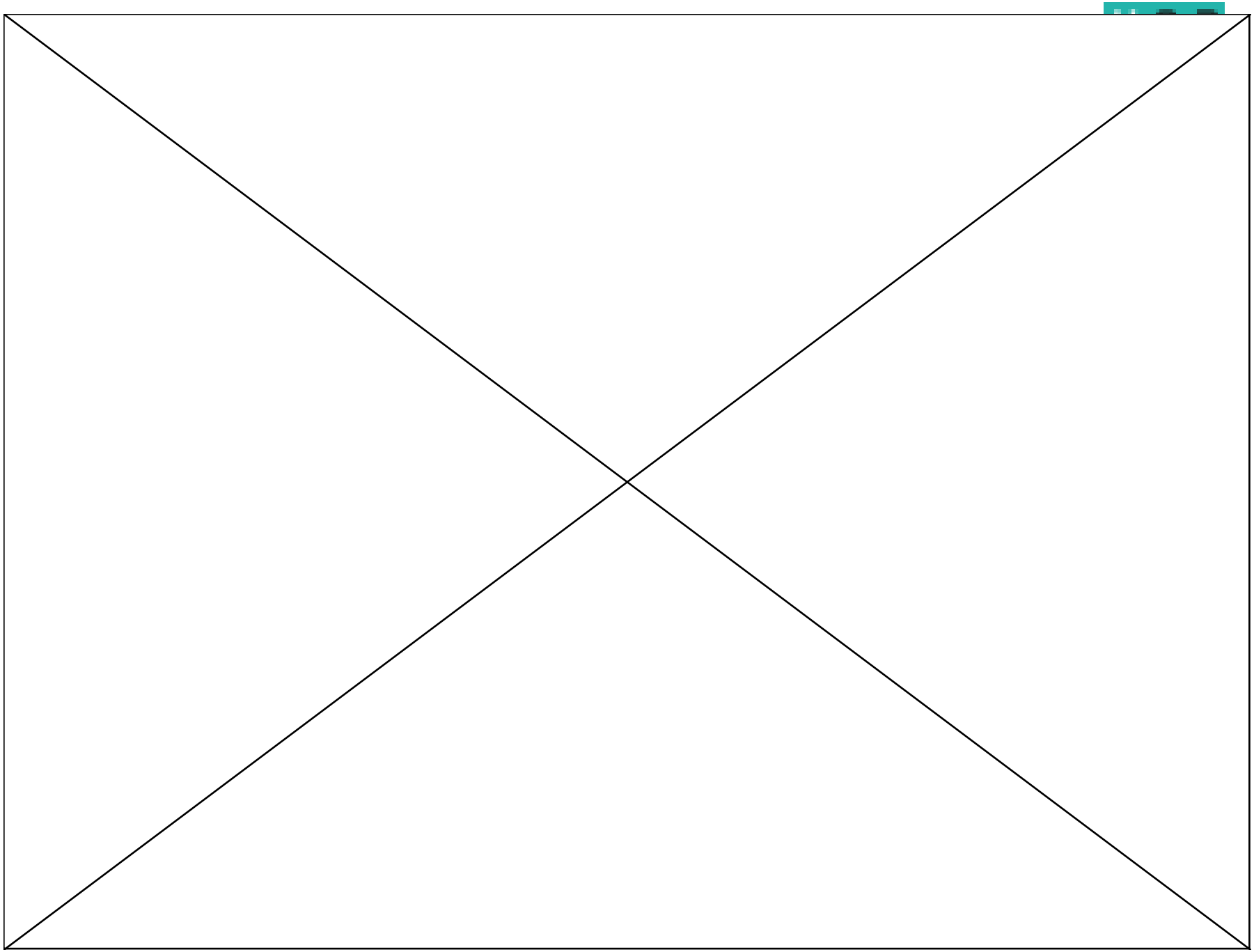
1. There is none
2. Vaccinate girls 11-12
3. Vaccinate girls and boys 11-12
4. Vaccinate females 11-26
5. Vaccinate both sexes 11-26



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4. Vaccinate females 11-26
5. Vaccinate both sexes 11-26

Answer: 2. vaccinate girls 11-12

Case 2
40 year old male
1 month submental/submandib lumps
healthy oral cavity and skin

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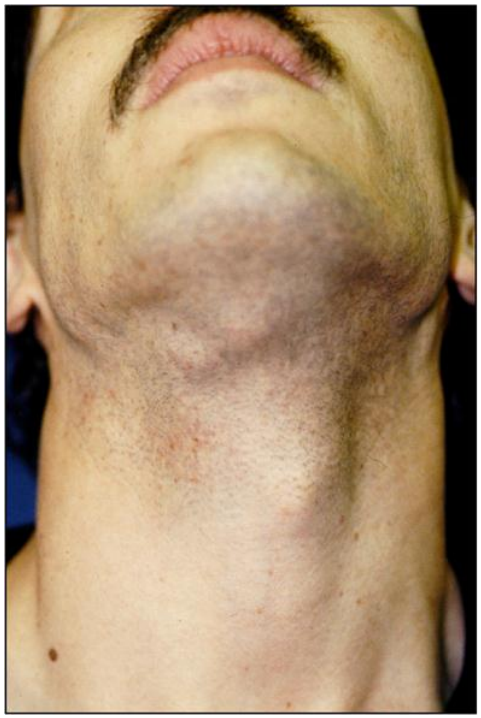

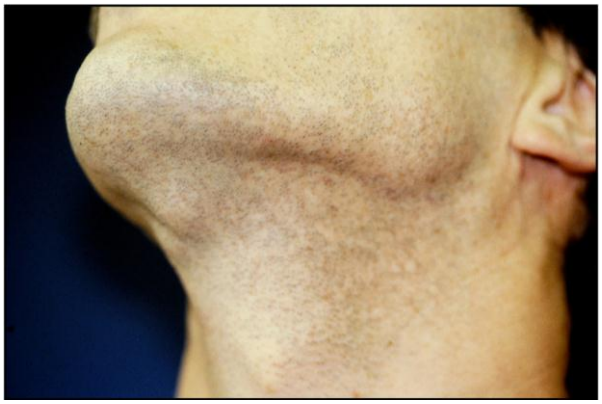

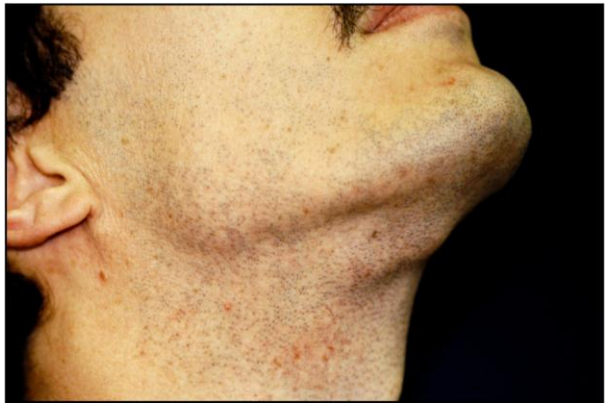

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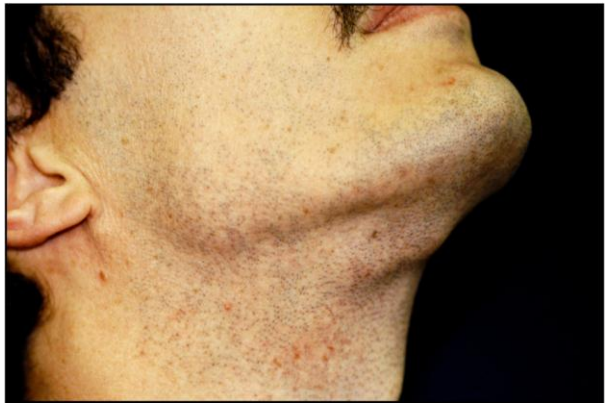
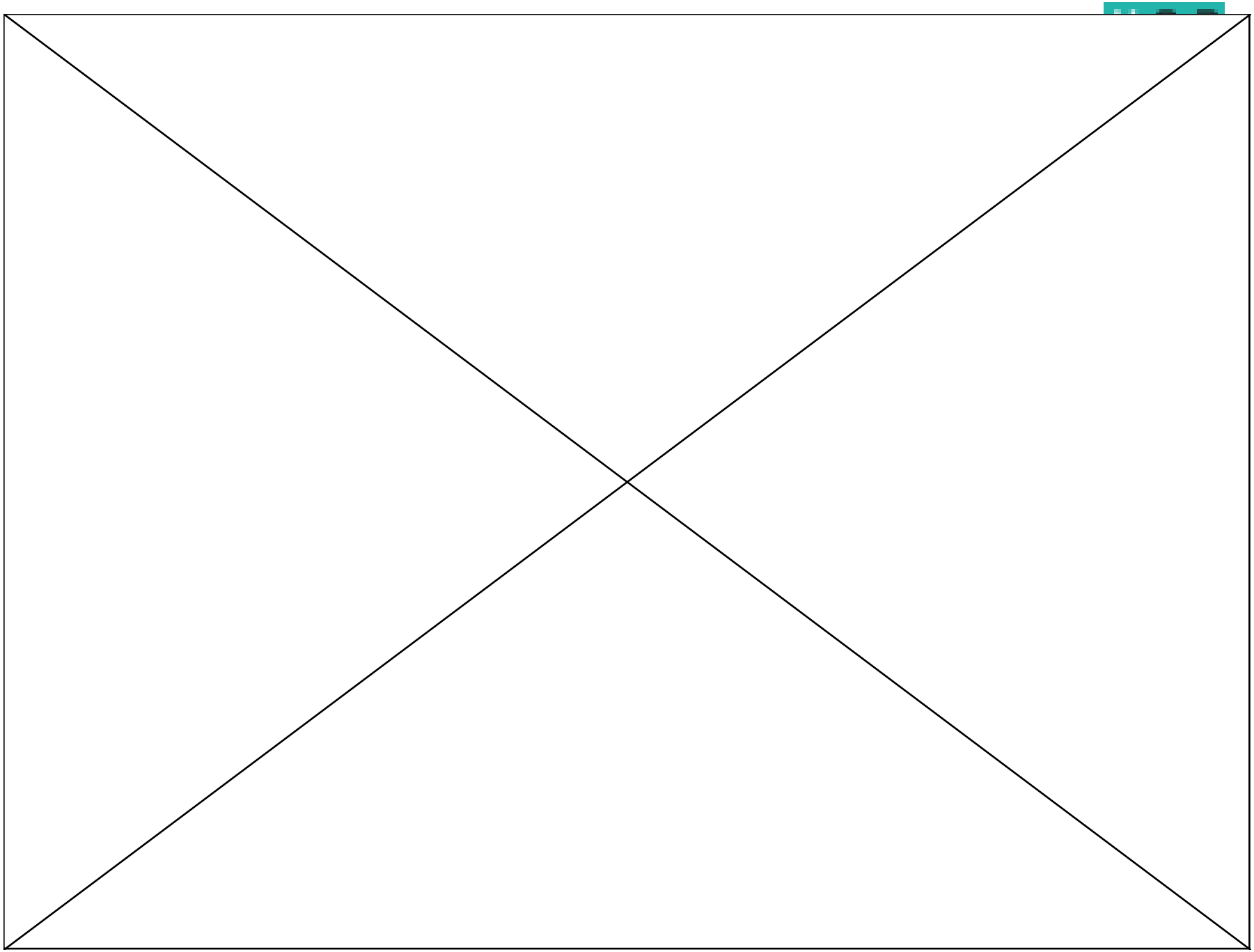
Case 2
most likely diagnosis?

1. acne
2. tonsillitis
3. Glandular fever
4. toxoplasmosis
5. lymphoma





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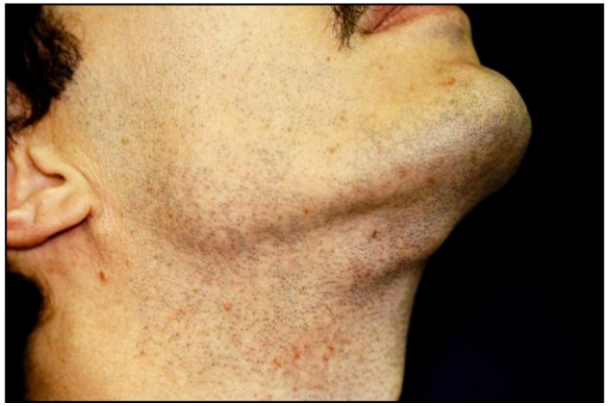
Case 3
most likely diagnosis?

1. acne
2. tonsillitis
3. Glandular fever
4. toxoplasmosis
5. lymphoma



Answer: toxoplasmosis but you must prove it

Case 3

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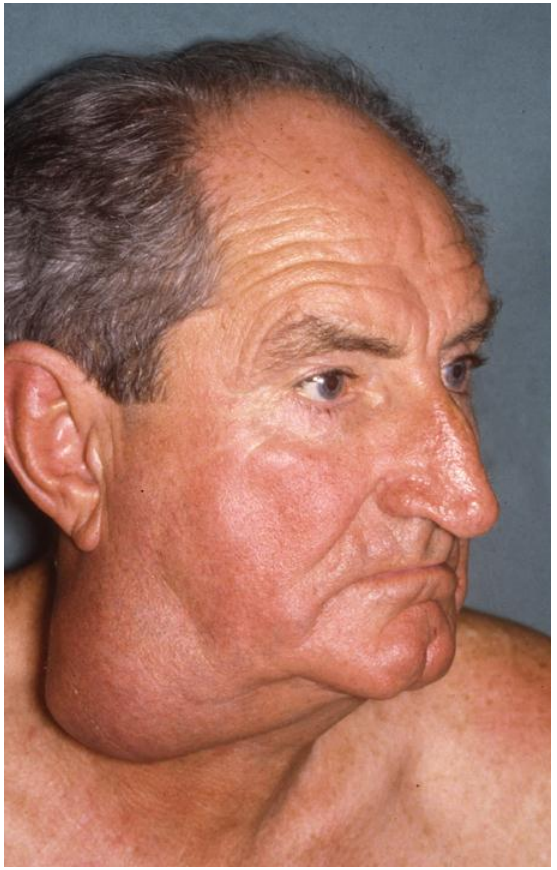
- 50 yr old man
- Hard mass low right neck
- CT as shown
- FNA mass suggests benign thyroid follicular cells



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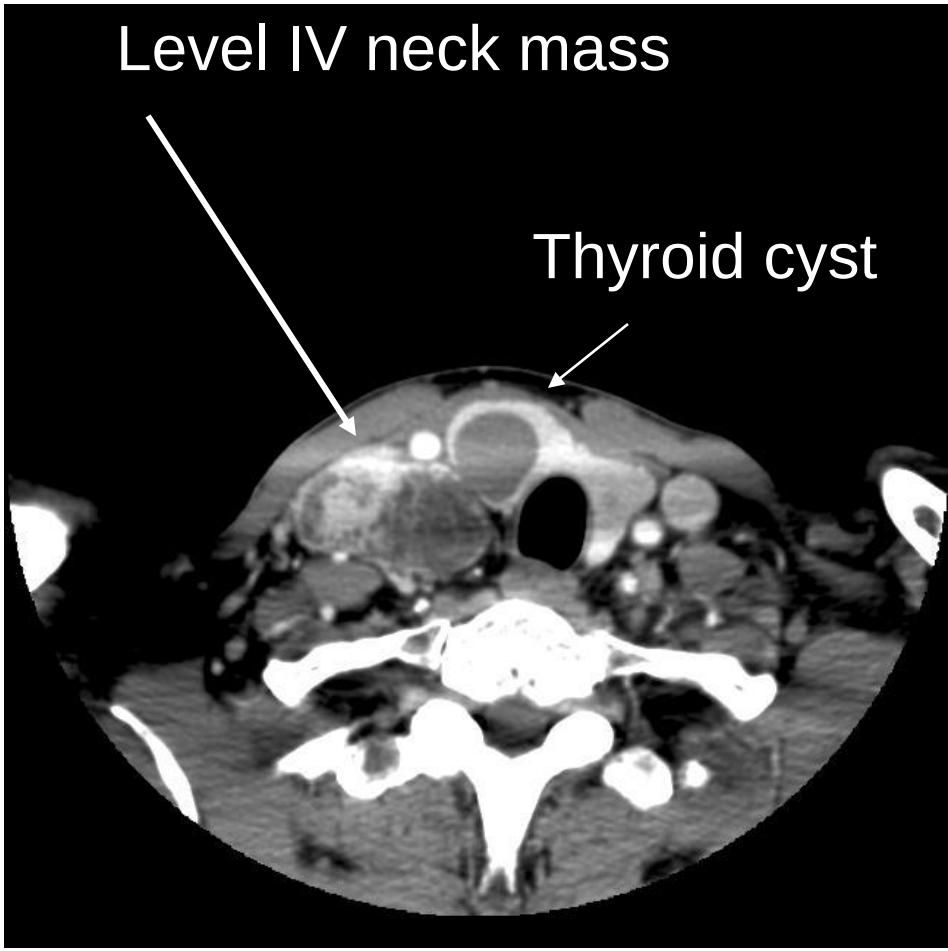

Case 3

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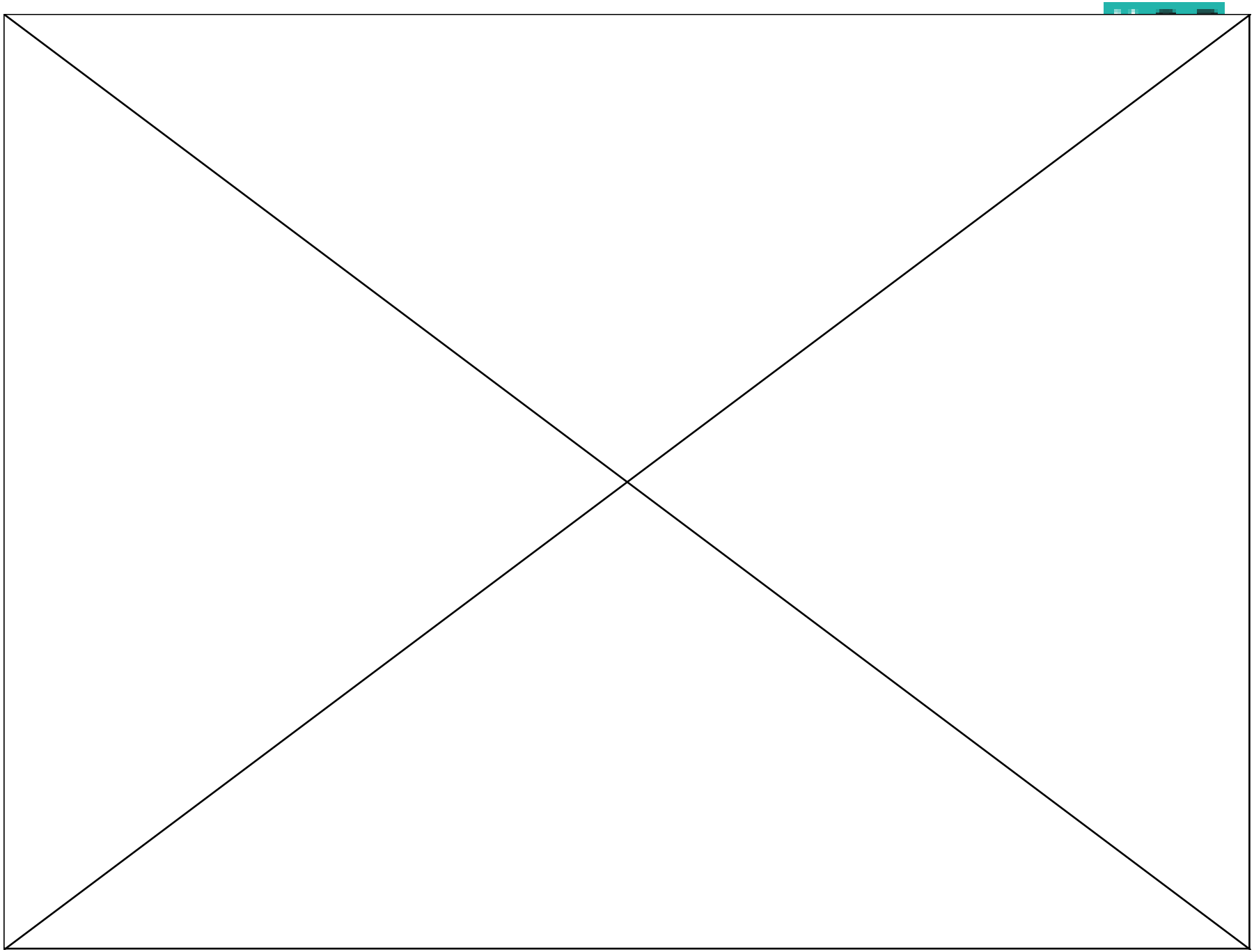
- What is this most likely to be.
  - a. metastatic thyroid cancer
  - b. missed biopsy (thyroid cyst)
  - c. lateral aberrant thyroid tissue
  - d. pathologist error



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a. Metastatic thyroid cancer

Case 3

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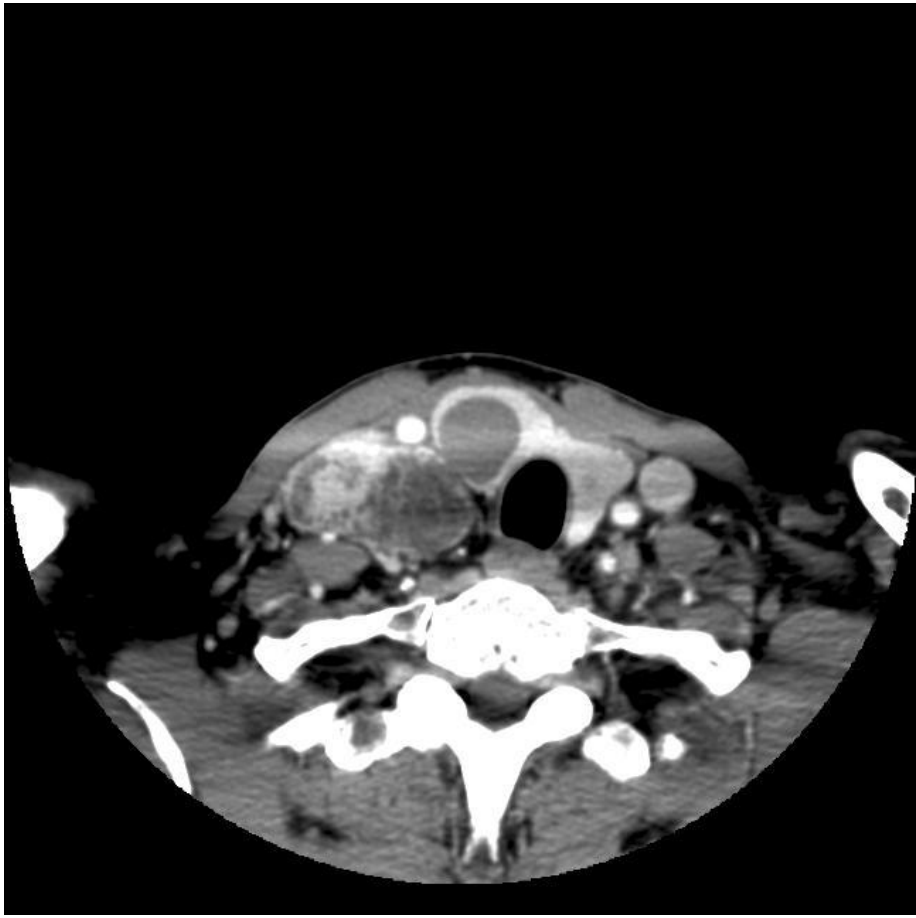
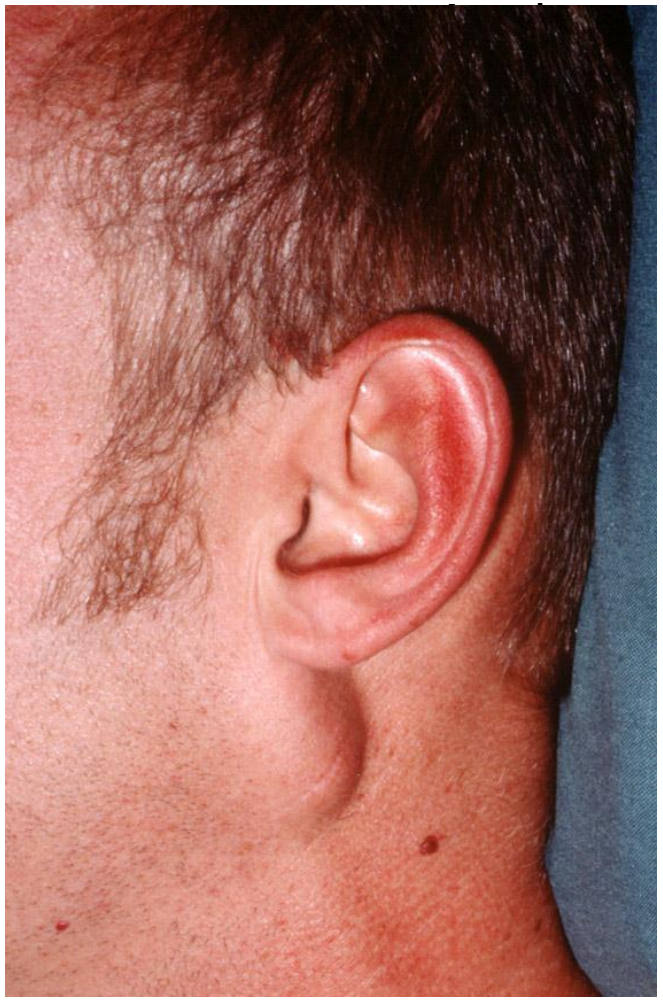
- Papillary cancer is well differentiated and cells can look benign.
- Mass wont elevate like thyroid even though in same position



Case 4

- 29 yr old man
- 6 months lump angle of jaw
- No pain, tenderness



Angle of jaw lump

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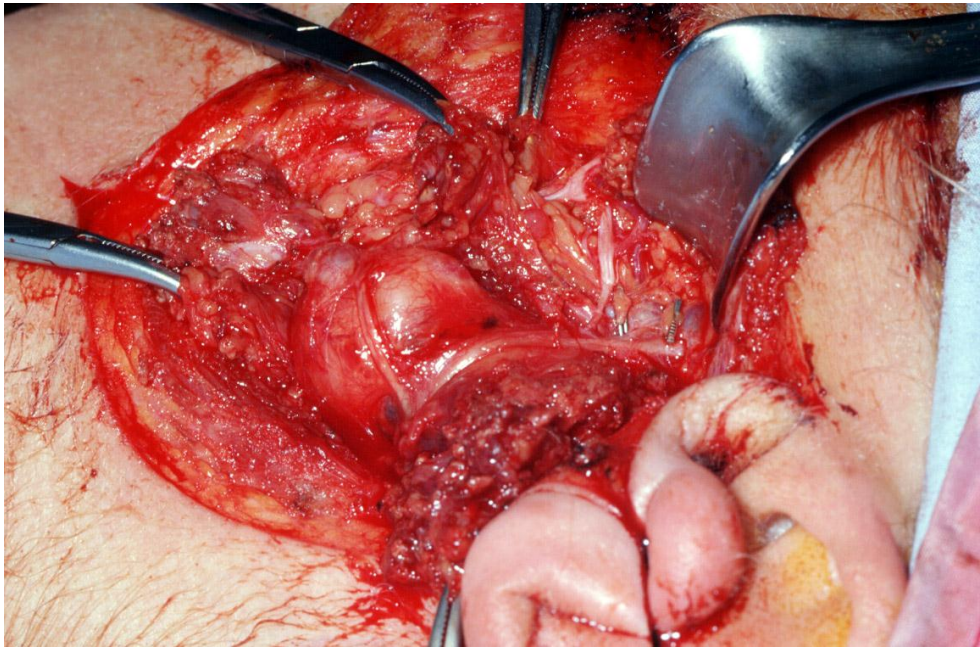
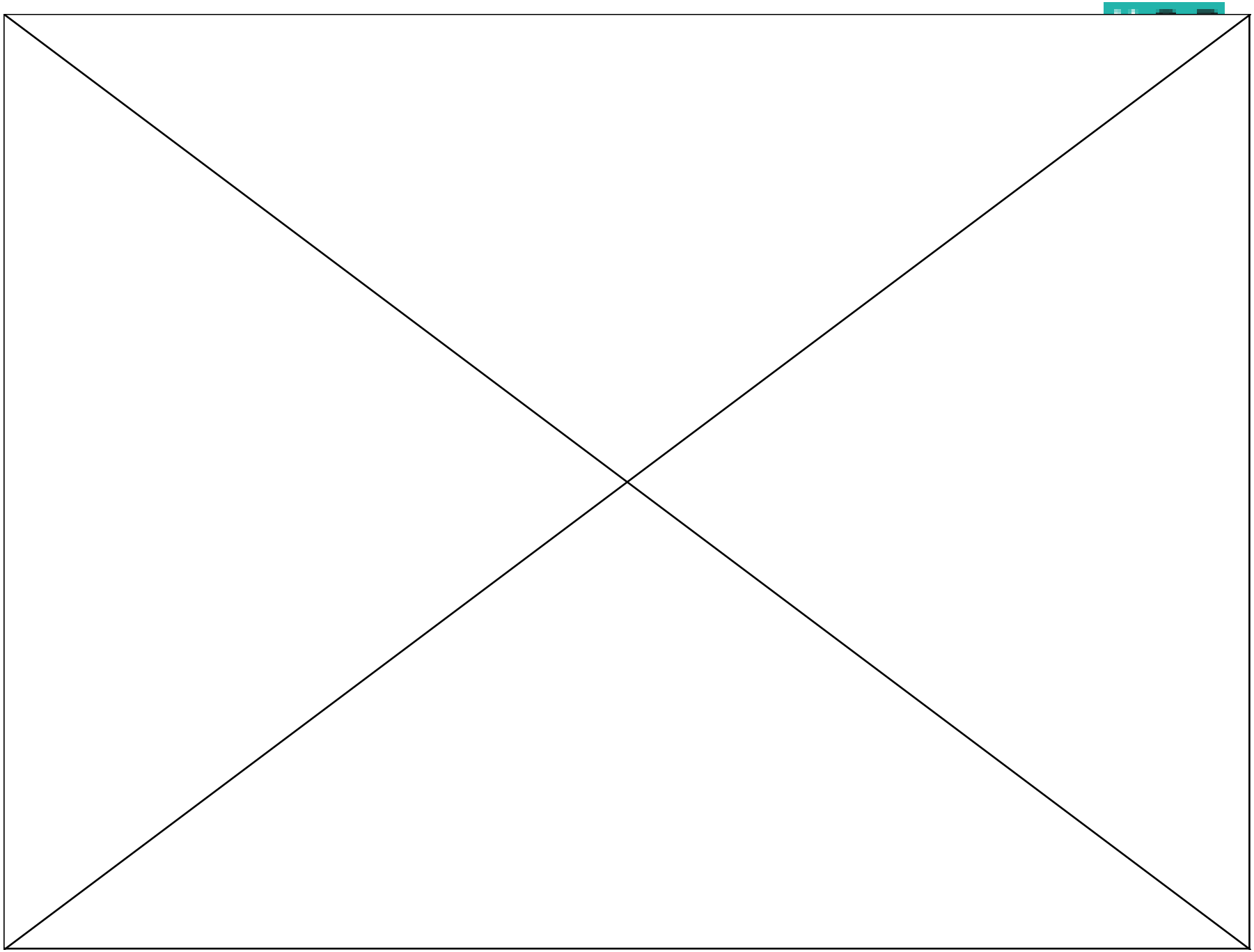
- What is this most likely to be
  a. Pleomorphic adenoma
  b. Metastatic skin cancer
  c. Mumps
  d. Acinic cell cancer





Angle of jaw lump

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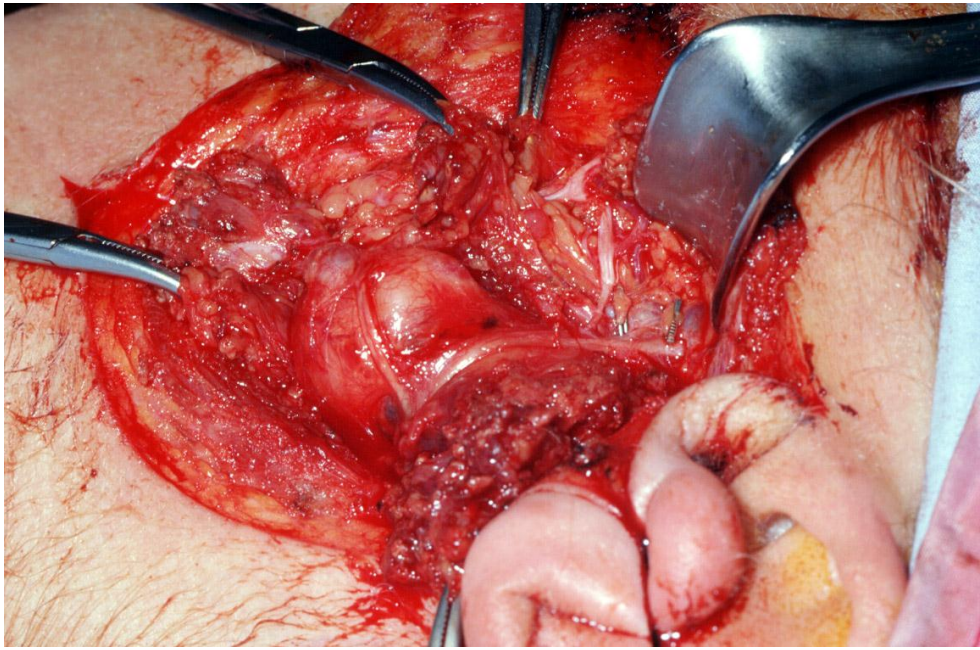

a. Pleomorphic adenoma: benign salivary tumour

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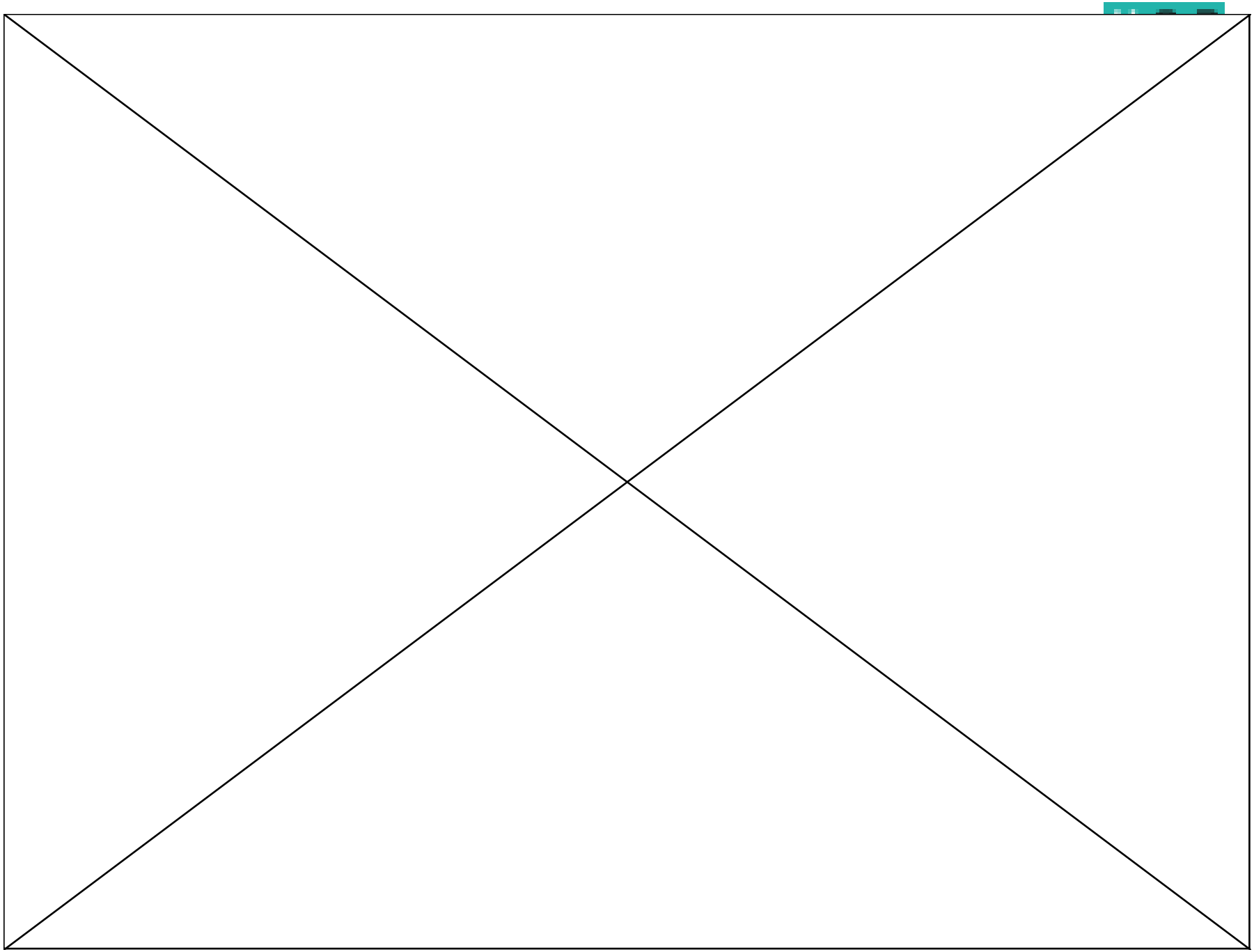
- Patient presents with parotid mass and this facial examination.

What is <u>most likely</u> tumour.

a. Adenoma
b. Carcinoma
c. Schwannoma



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- Patient presents with parotid mass and this facial examination.

What is <u>most likely</u> tumour.

Carcinoma

Parotid tumour

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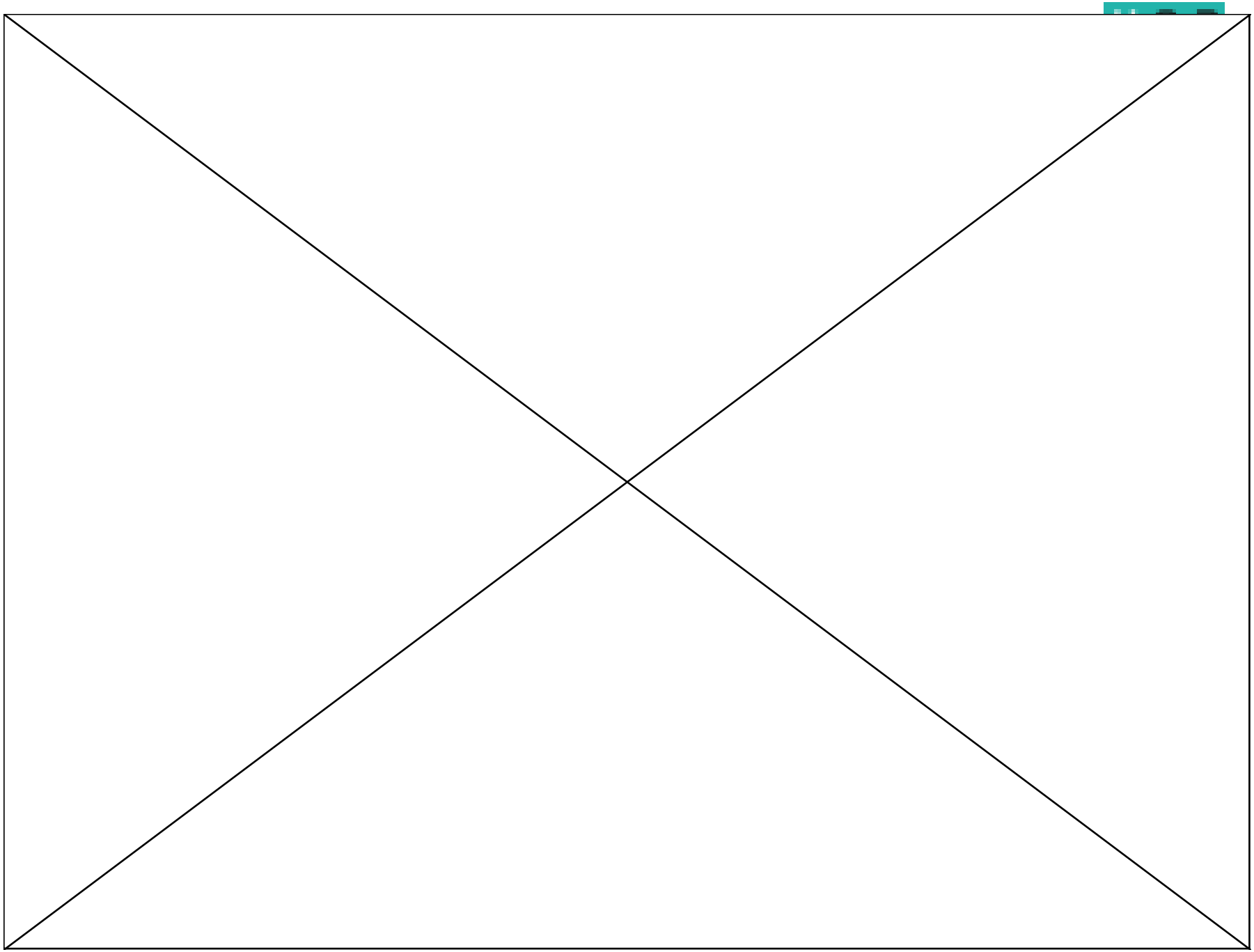
- If the tumour is malignant it is most likely to be?
  a. lymphoma
  b. Metastatic cutaneous SCC
  c. Primary salivary cancer
  d. sarcoma



Parotid tumour

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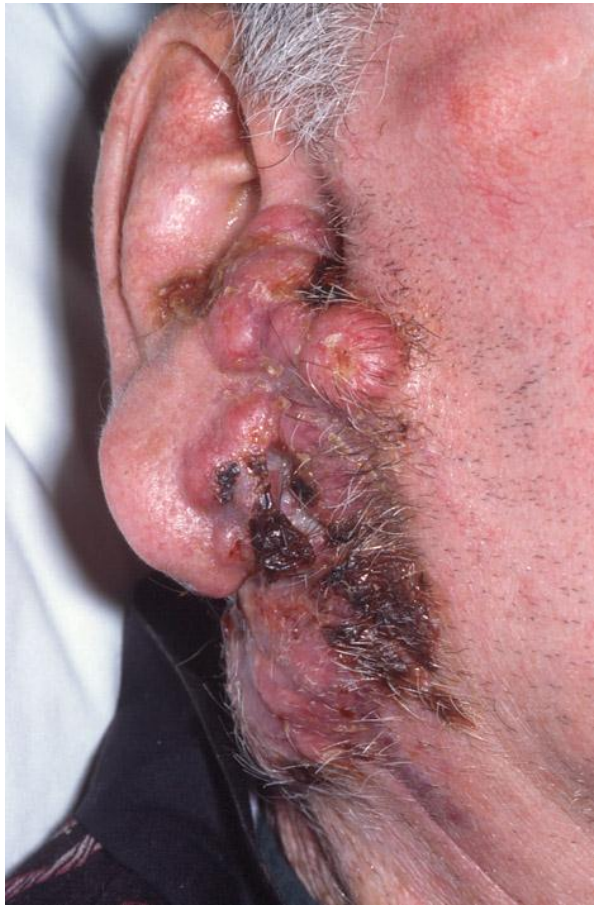
- If the tumour <u>is</u> malignant it is <u>most</u> likely to be?

Metastatic cutaneous SCC



Case 7

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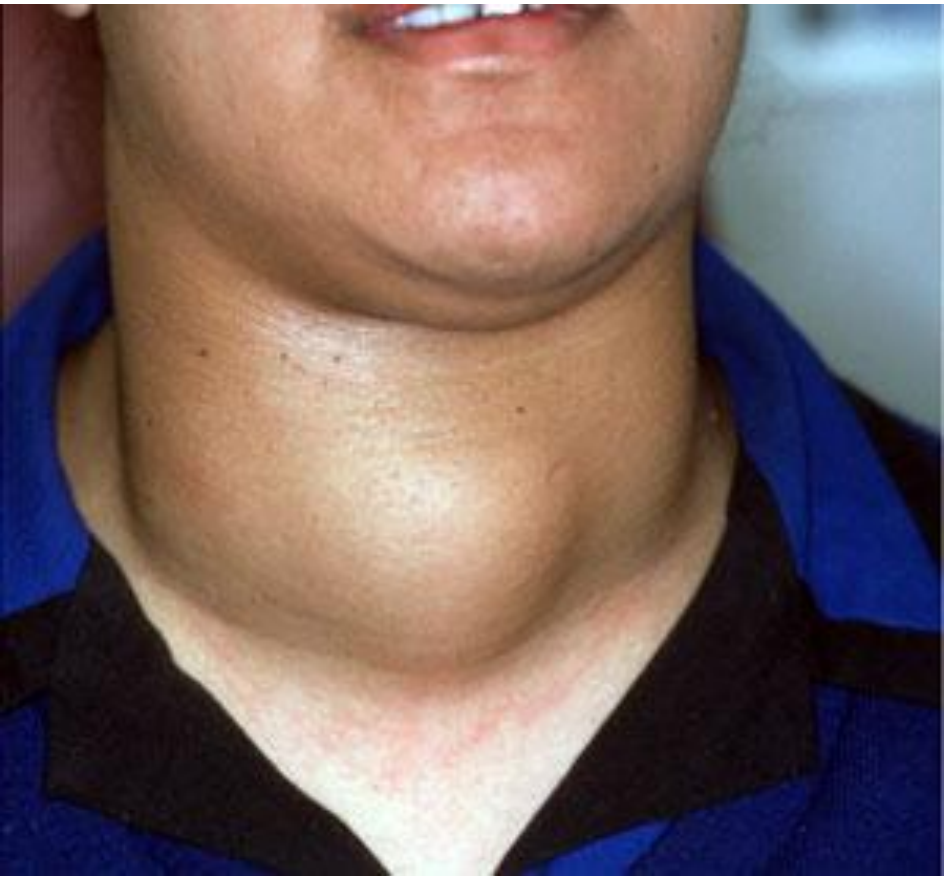

- 20 yr old woman
- Month history of very sore throat, pain on cough and swallow radiating to ears.
- Very tender and hard right thyroid nodule
- T4 = 32, TSH= 0.002
- ESR =40
- No toxic symptoms or signs

Most likely diagnosis

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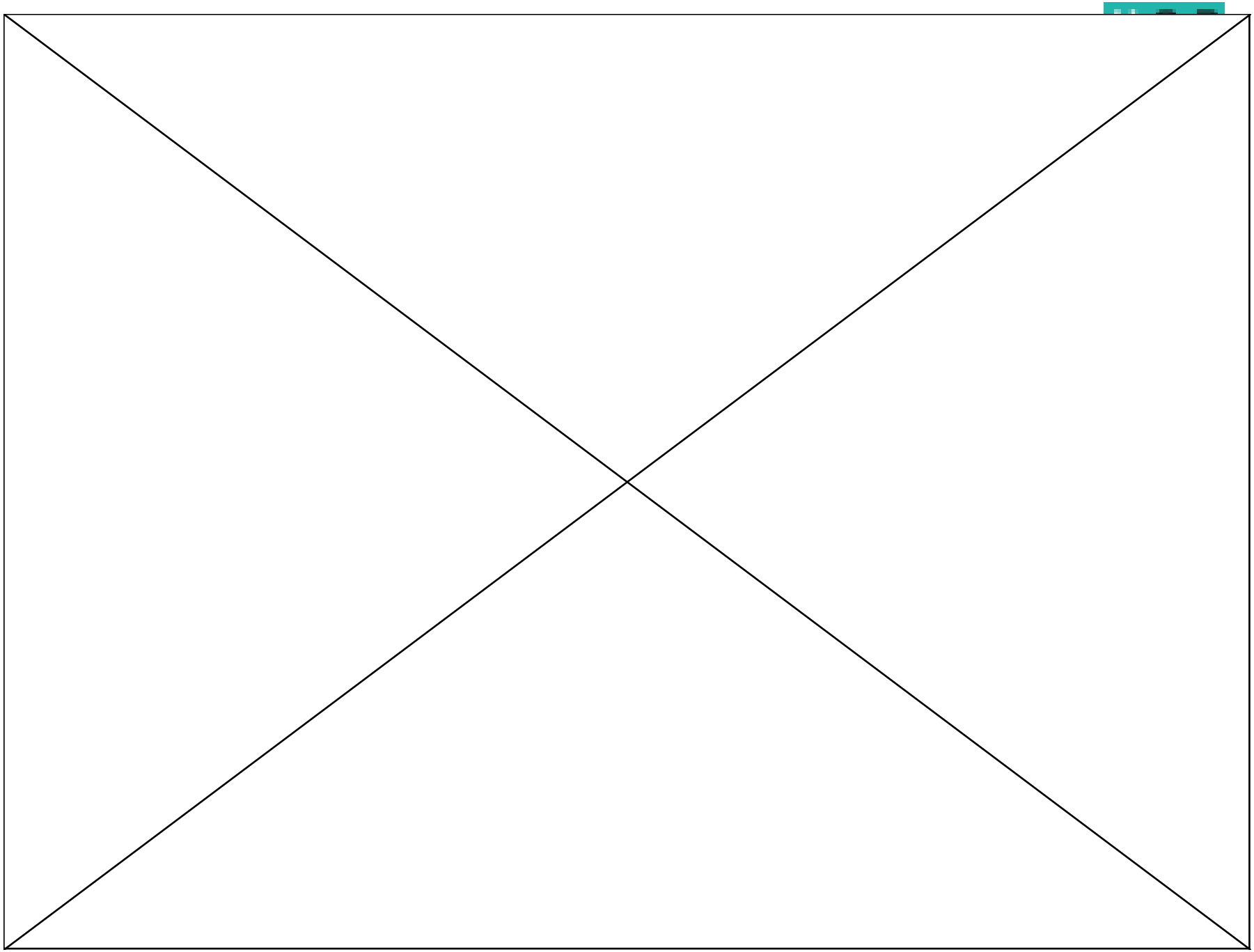
a. Subacute thyroiditis
b. Graves disease
c. Bleed into a thyroid nodule
d. Hashimotos thyroiditis



Most likely diagnosis

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a. Subacute thyroiditis
b. Graves disease
c. Bleed into a thyroid nodule
d. Hashimotos thyroiditis

a. Subacute or de Quervain's or painful thyroiditis

de Quervains subacute thyroiditis

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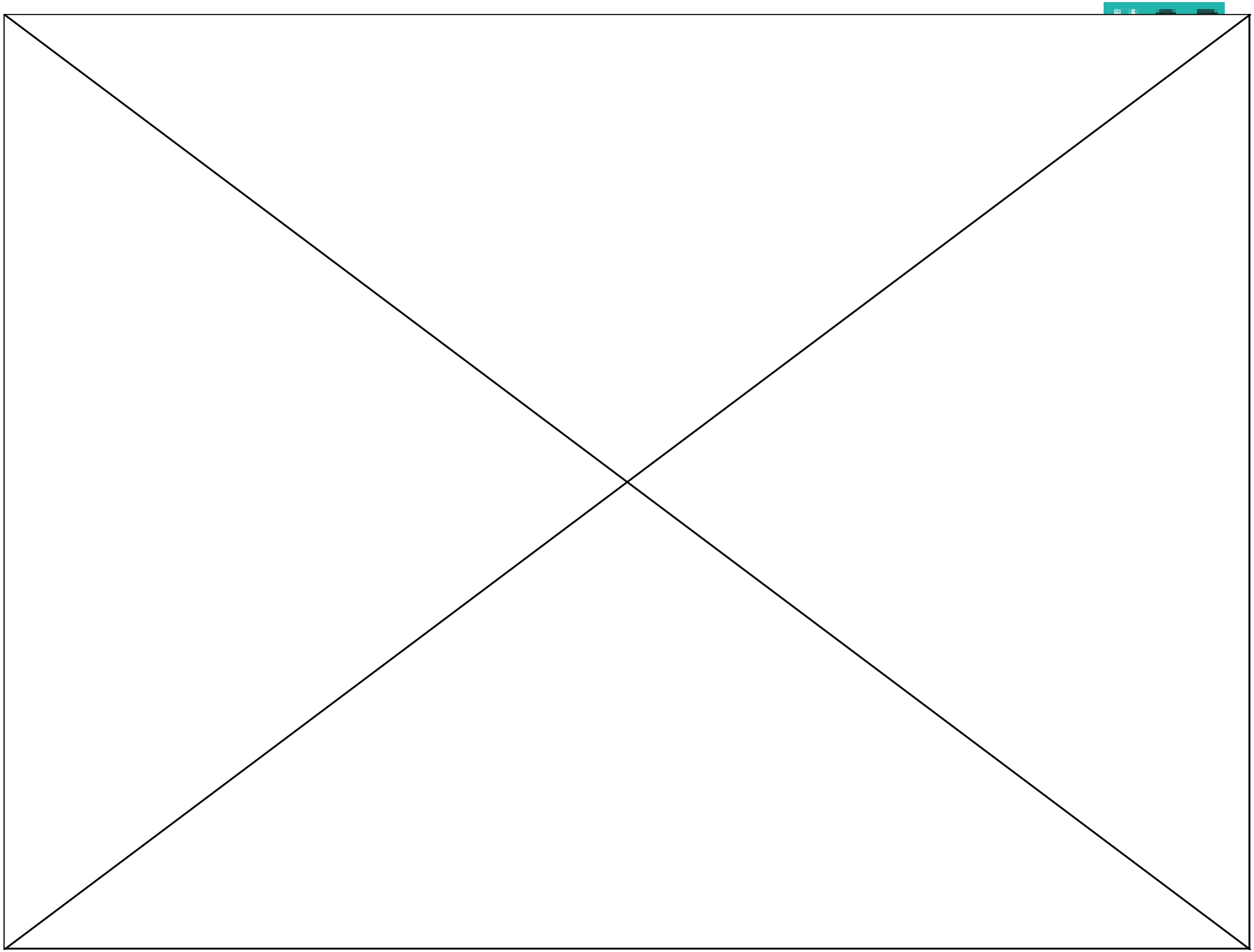
What is best confirming test?

a. FNA
b. Ultrasound
c. Thyroid lobectomy
d. scintigraphy



de Quervains subacute thyroiditis

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What is best confirming test?

a. FNA
b. Ultrasound
c. Thyroid lobectomy
d. scintigraphy

d. scintigraphy- shows reduced uptake in gland

de Quervains subacute thyroiditis

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- Inflammatory condition
  - Thought to be viral origin (occurs in clusters)
  - Can be ipsilateral, bilateral or sequential
  - Ultrasound
    - can show a suspicious, infiltrative pattern
  - FNA
    - Painful, shows inflammatory lymphocytes with giant cells
  - Treatment
    - Responds very well to anti-inflammatory steroids
  - Follow up
    - Repeat thyroid function tests monthly as high risk of developing hypothyroidism

Case 8

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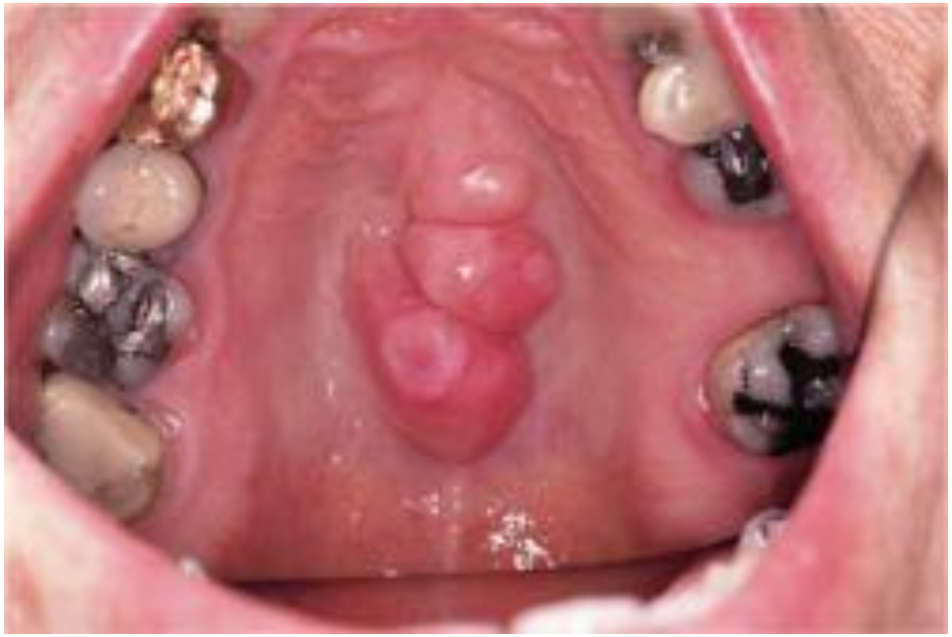


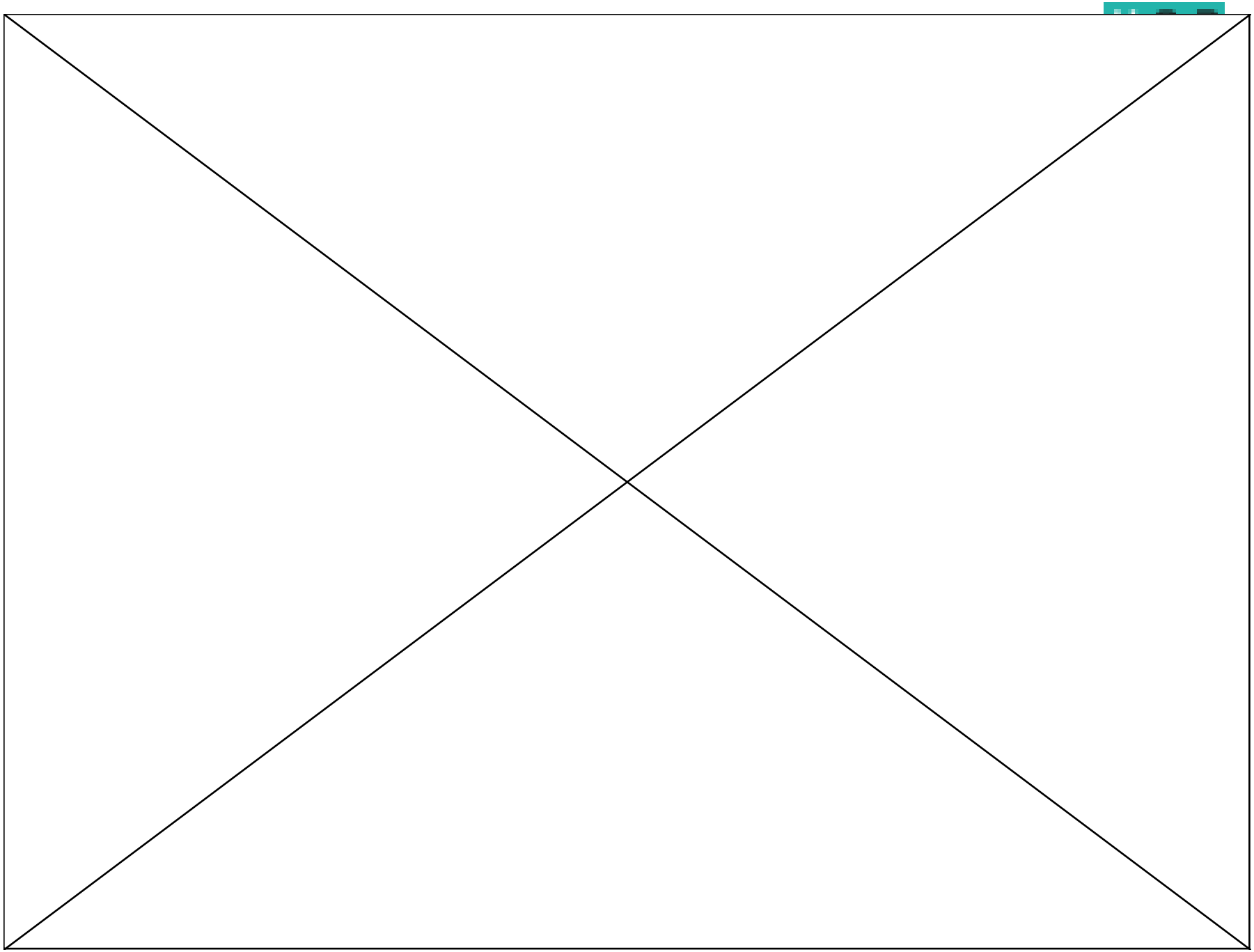
- Bony hard, painless lump hard palate

a. Squamous cancer

b. Torus palatinus

c. Burn blister

d. Minor salivary gland tumour



Case 8

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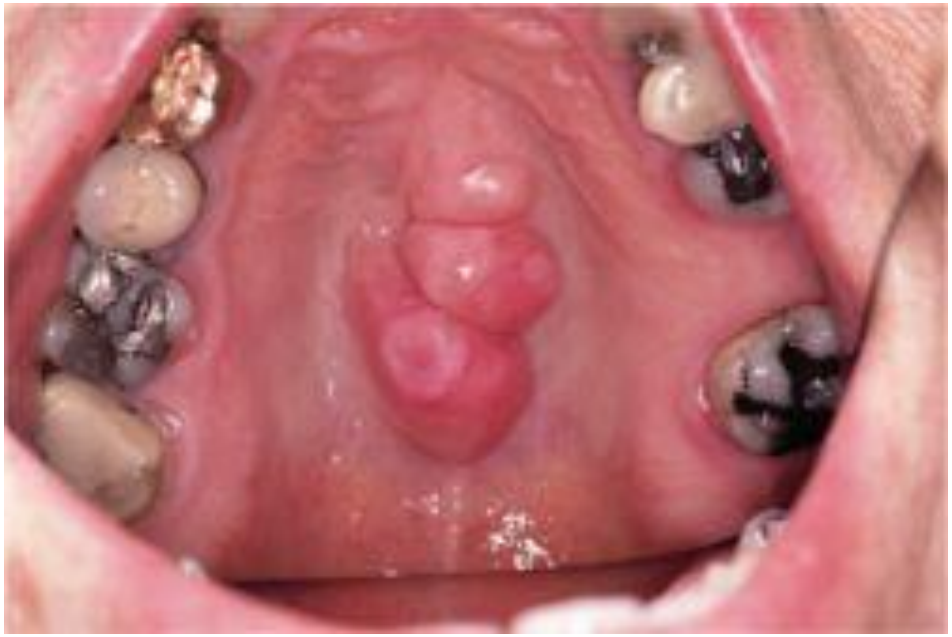

- Bony hard, painless lump hard palate

a. Squamous cancer

b. Torus palatinus

c. Burn blister

d. Minor salivary gland tumour

b. Torus palatinus: Bony exostosis of the hard palate
Seen in around 20% of the population.

Torus mandibulari

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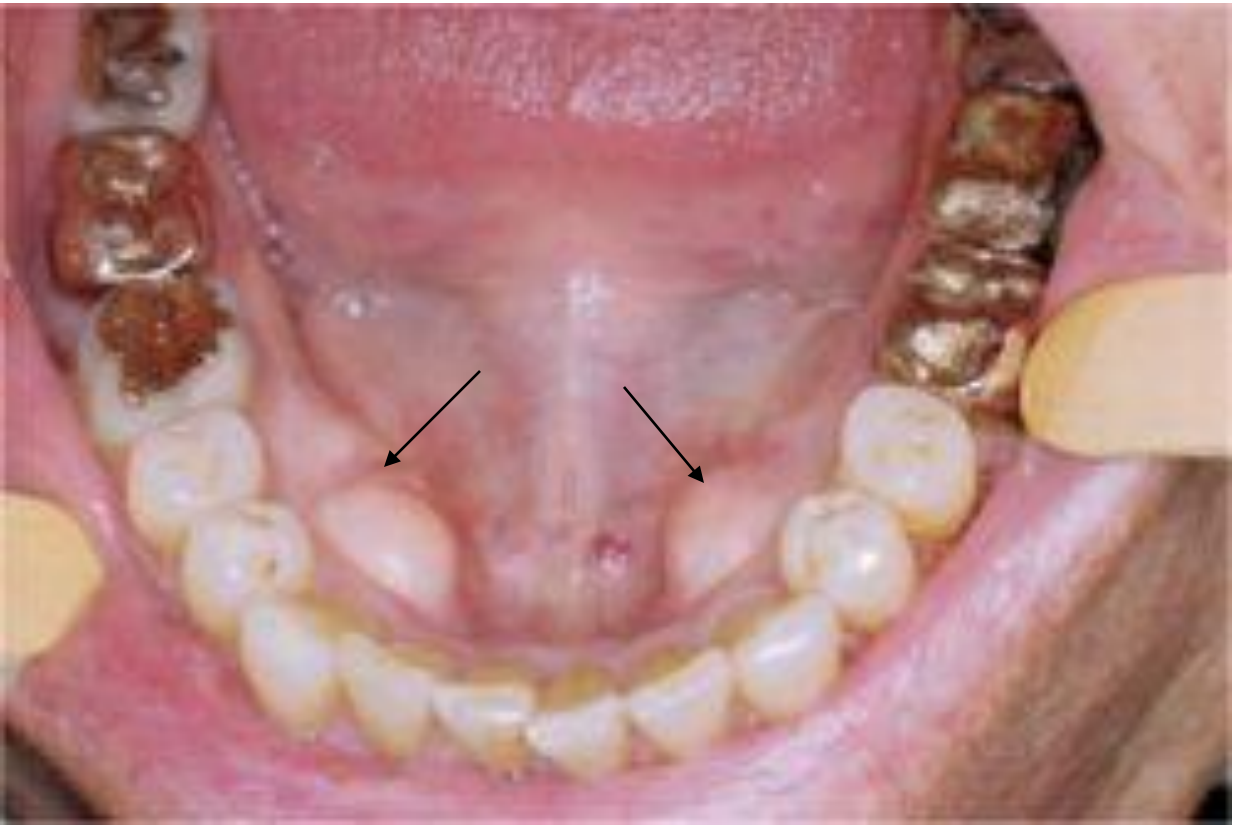

- 7% popn
- More common in asians
- Thought to be the result of local stresses from teeth onto bone
- Associated with bruxism

Case 9

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- 75 year old man
- Progressive dysphagia
  - Food sticks at cricoid region
- Regurgitating undigested food
- Halitosis
- Gurgling noises when swallowing

Most appropriate management

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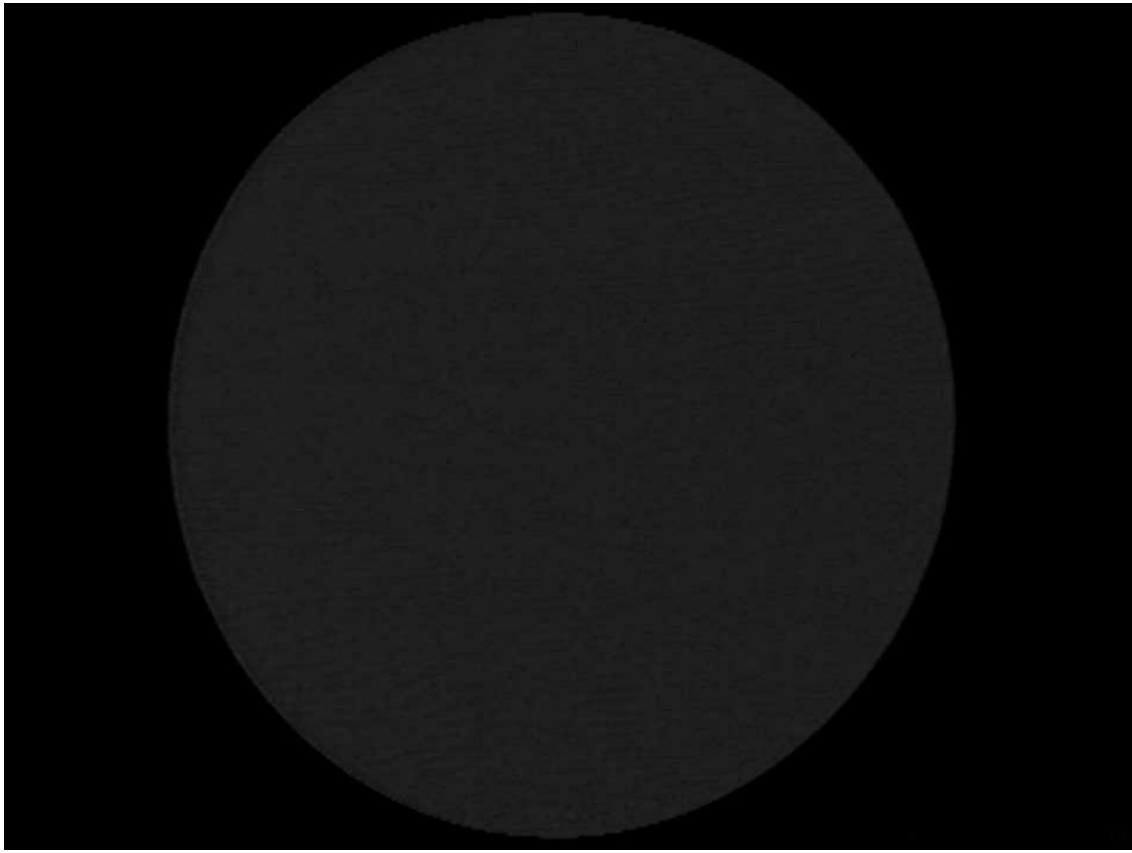
a. Reassure and discharge
b. Antireflux therapy
c. Barium swallow
d. Modified diet

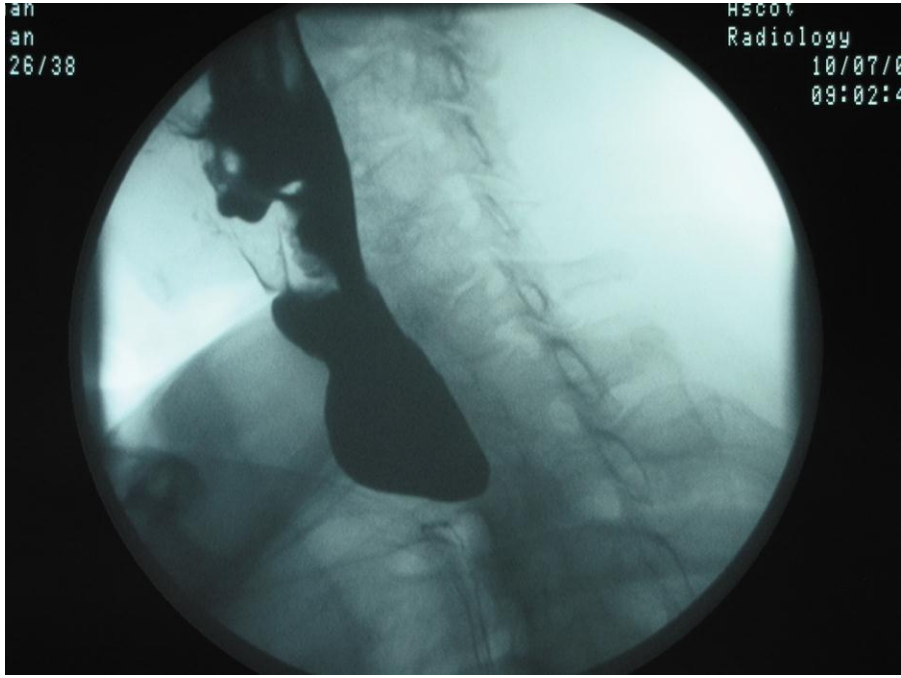


c. barium swallow

Pharyngeal Pouch (zenkers diverticulum)

Auckland Head & Neck Associates

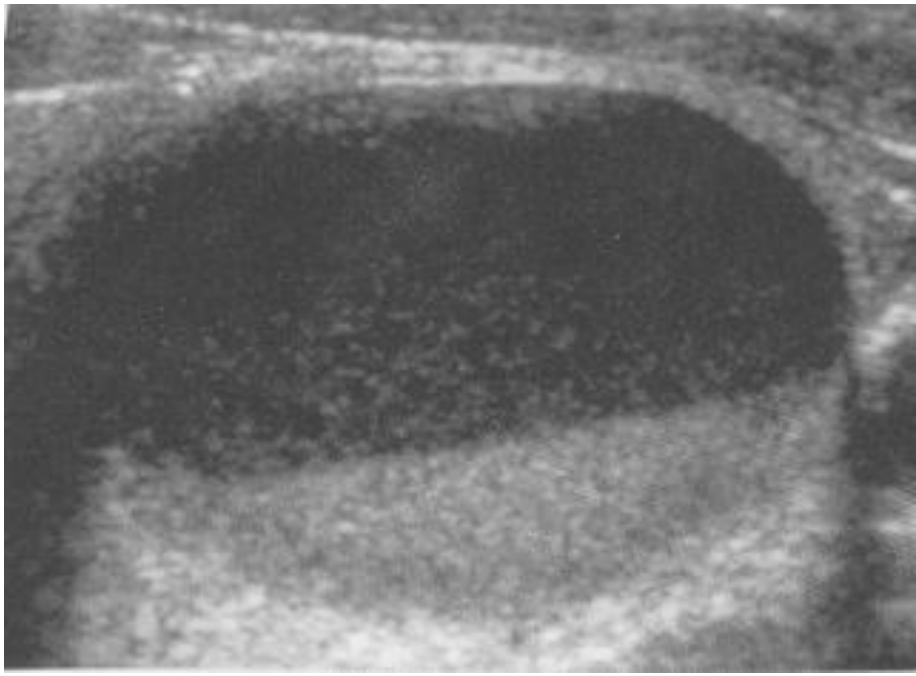
- Outpouching of mucosa through intrinsic weak area in pharyngeal muscle (Killians Dehiscence)
- Non relaxing cricopharyngeus
  - Upper oesophageal sphincter
- Treatment
  - Excise pouch
  - Perform cricopharyngeal myotomy



Case 10

Auckland
Head & Neck
Associates

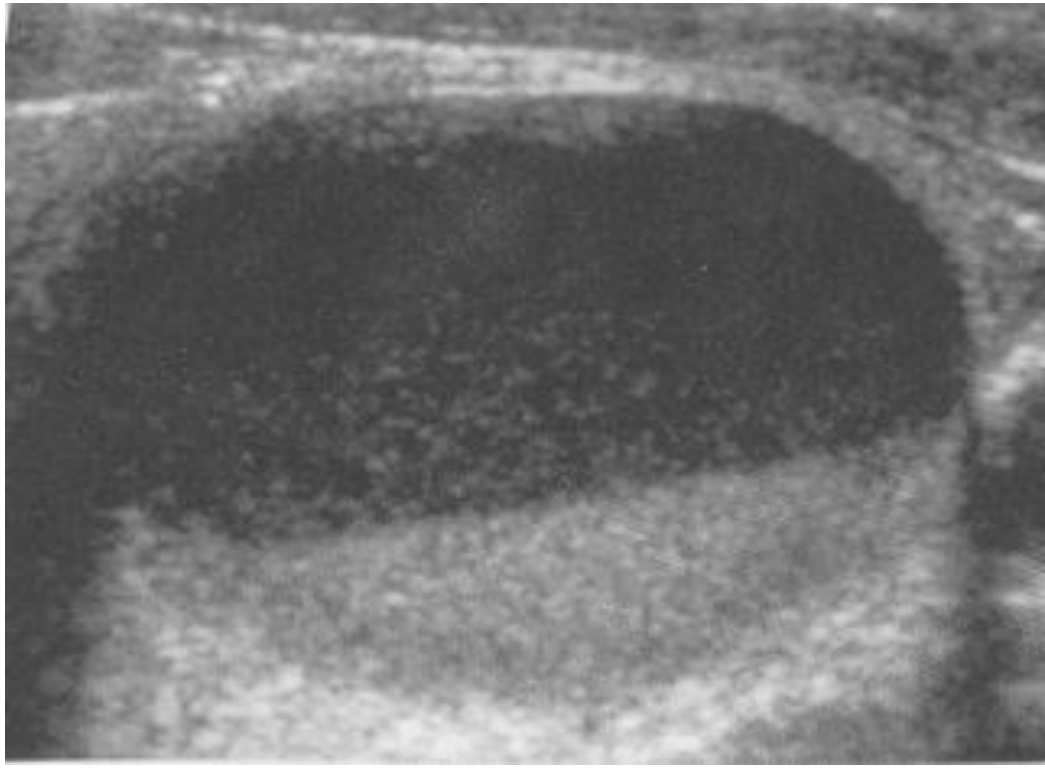
- 35 yr old woman
- Sudden 3cm right thyroid swelling
- Ultrasound shows part fluid, part solid mass
- Tender to palpation



Case 10

Auckland
Head & Neck
Associates

- Most likely diagnosis
  a. Thyroid cancer
  b. Viral thyroiditis
  c. Bleed into nodule
  d. Thyroid abscess



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Head & Neck
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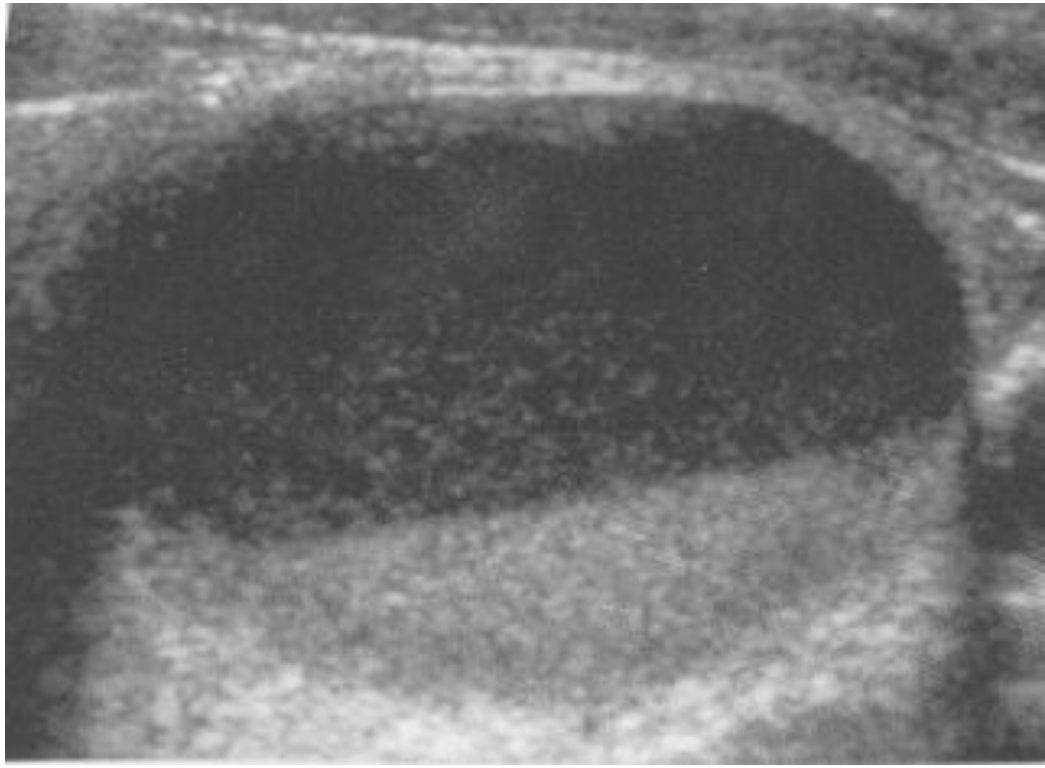


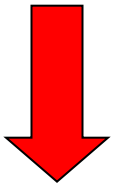
c. bleed into nodule

lumps

Auckland
Head & Neck
Associates

- every lump must have a diagnosis
  - Working diagnosis
    - » +/- investigations

  - Review
    - » +/- investigations



  - Resolution
  - Definitive diagnosis