

# Head and Neck Lumps and Bumps

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Neck Lumps  
Children

Thyroid  
Lumps

Metastatic Head and  
Neck Skin Cancer

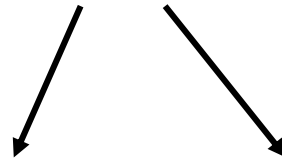
Oropharyngeal  
Cancer and HPV  
Infection

# Neck Lumps - Children

Majority - Lymphadenopathy  
- Resolve +/- antibiotic

Minority - Persist/enlarge

Neck lumps

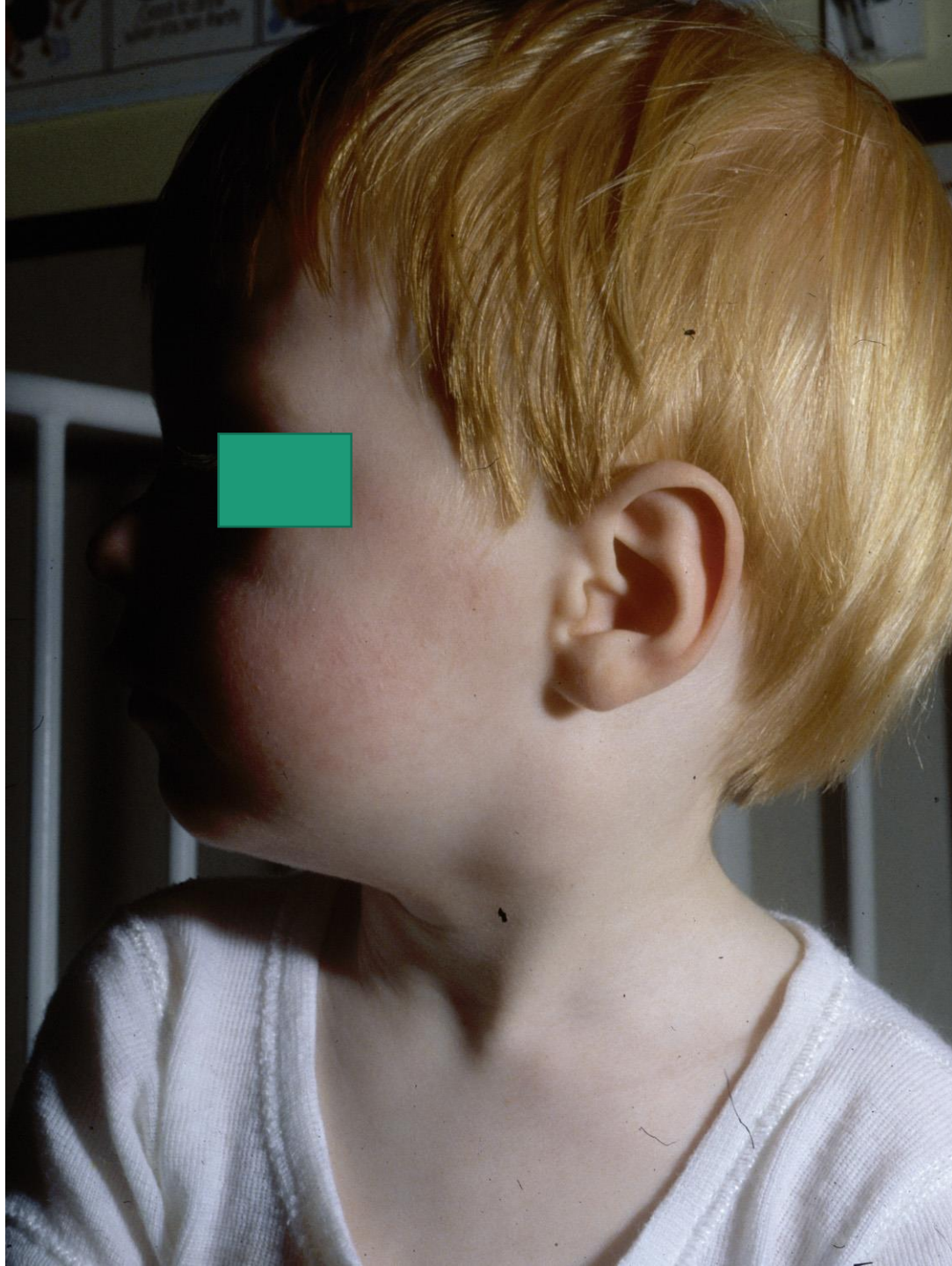


Lateral

Midline

# Lateral neck masses - children

- Lymph nodes – Reactive hyperplasia
  - Bacterial /viral
  - Atypical mycobacterial infection
- Branchial cleft cyst / sinus / fistula
- Lymphangioma / Haemangioma
- Malignancy



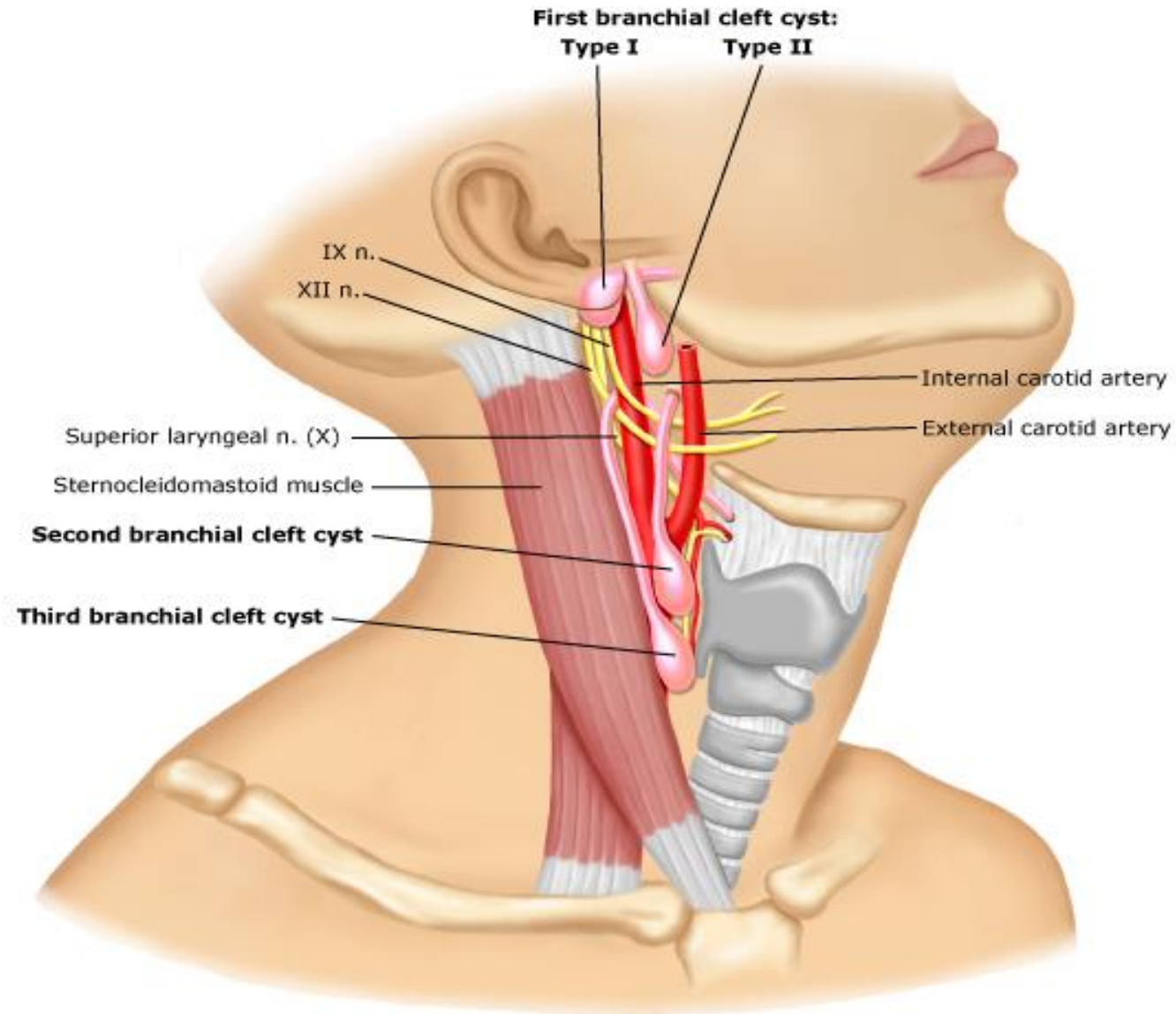


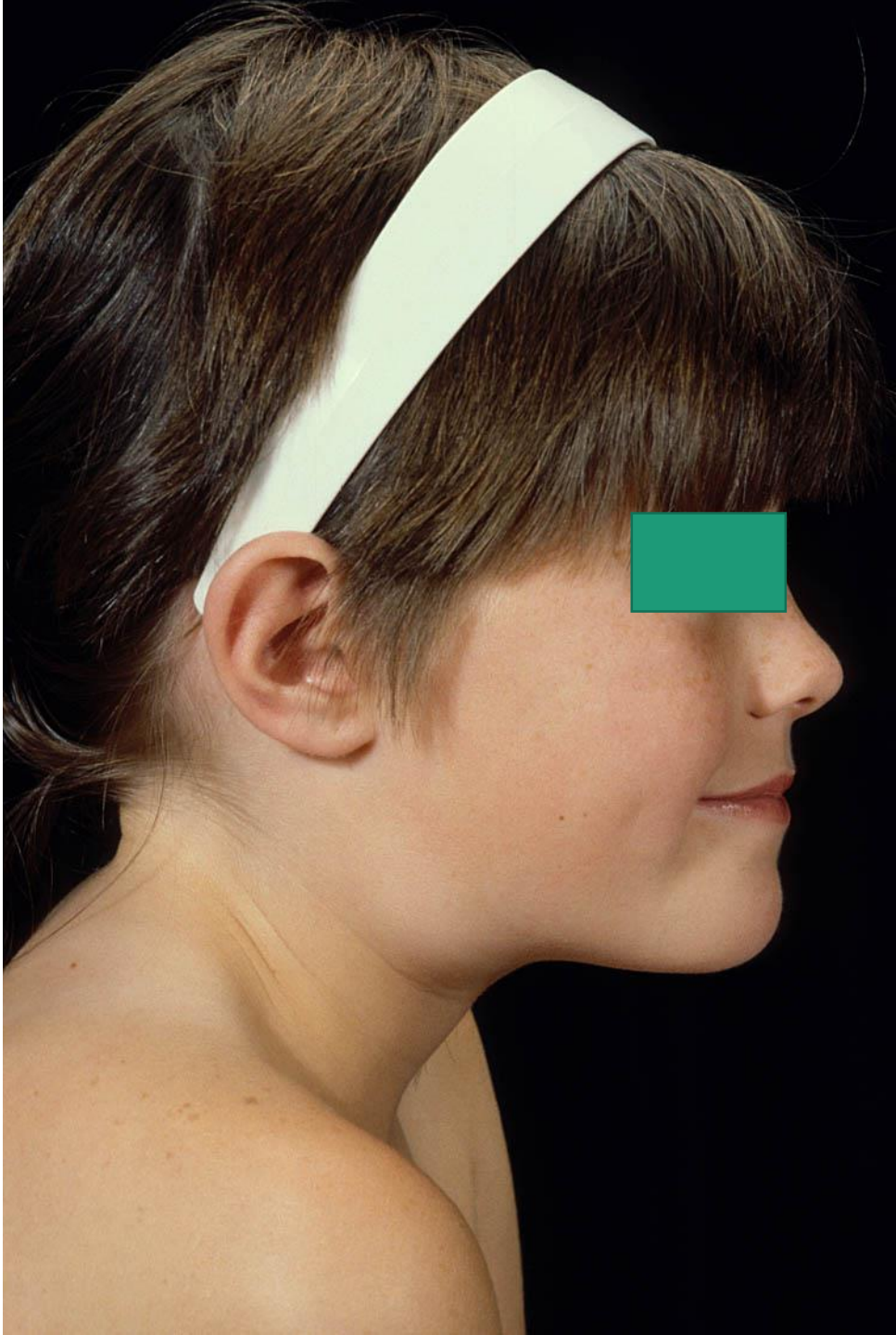






# Branchial cleft cysts/sinuses/fistulae













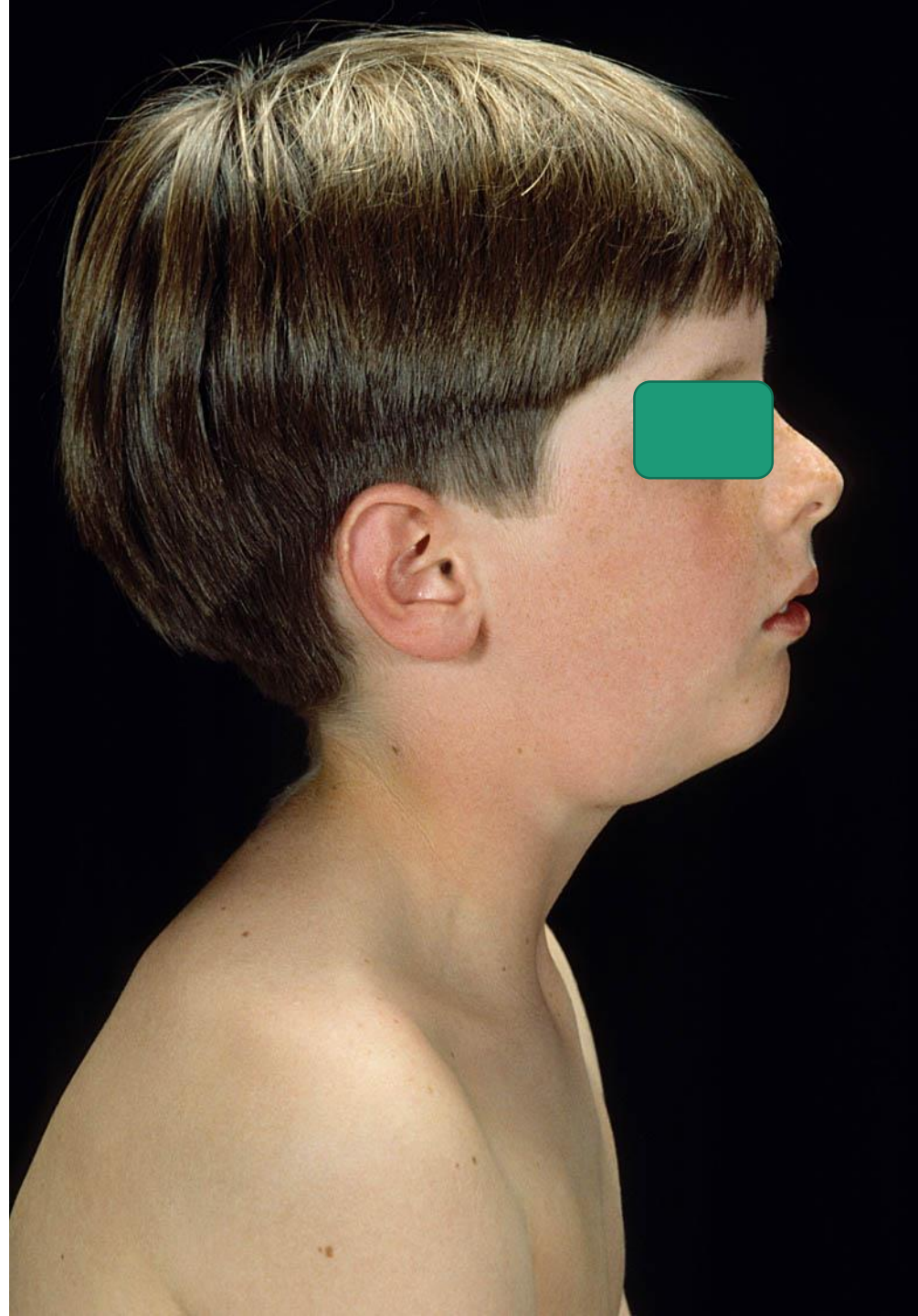














# Lateral Neck Mass - Management

- Reactive hyperplasia-review 3 wks
- Clinically infective – antibiotics
- Cystic / Sinus – refer
- ? Atypical mycobacterial infection – refer
- ? Malignant – refer

(FNA – limited indications in children)

# Midline neck masses – Children (often developmental)

Thyroglossal duct cyst

Thyroid nodule

Dermoid cyst

Plunging ranula















# Midline Neck Masses - Management

- Cystic –?U/S scan and refer
- Solid – antibiotics and refer if not resolved
- Most midline masses require surgery

# The Thyroid Nodule

Very common— palpable in 5-10% women

2-5% men

-- ultra-sound -50% population

Approx 5% malignant

Thyroid cancer—INCREASING in Western world

--reasons not clear

# Thyroid Nodule

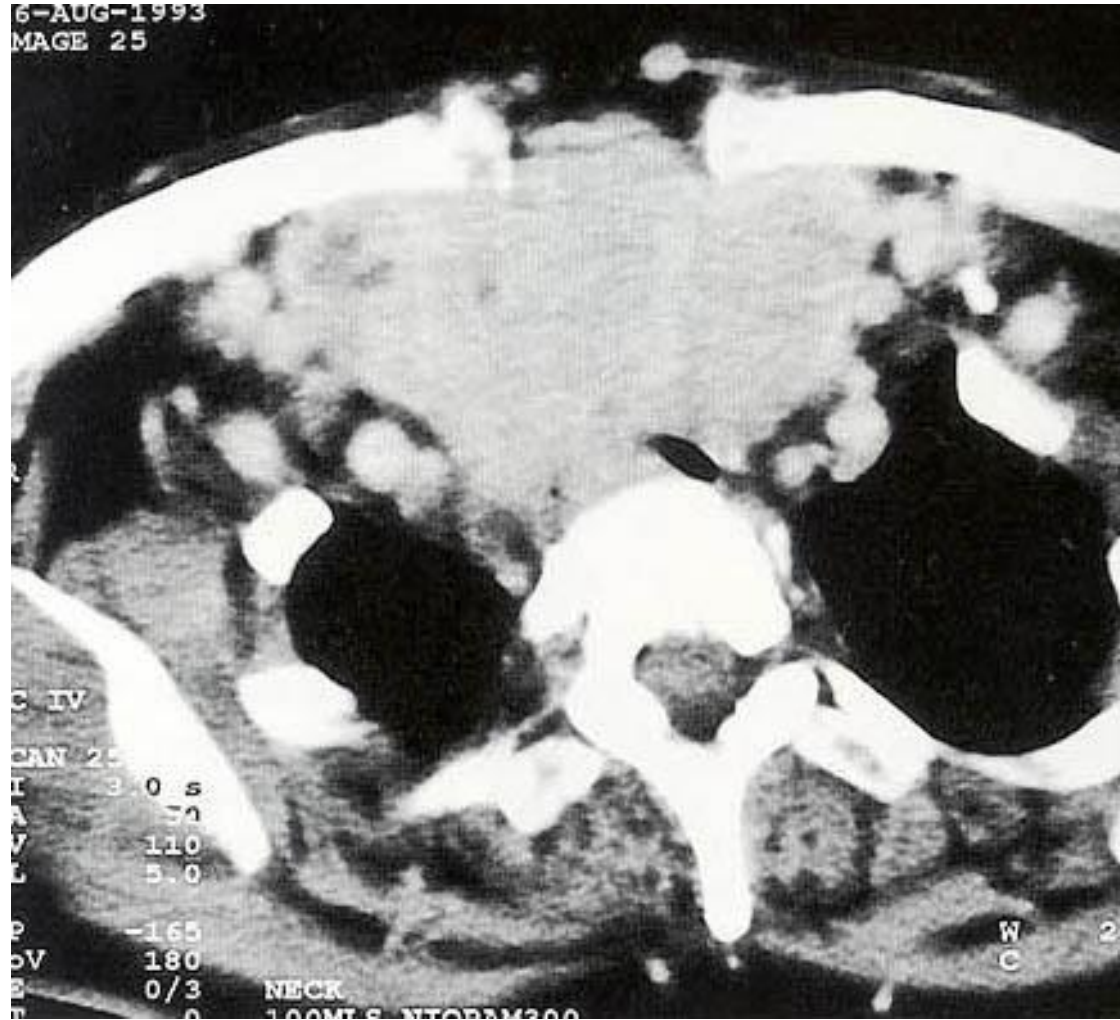
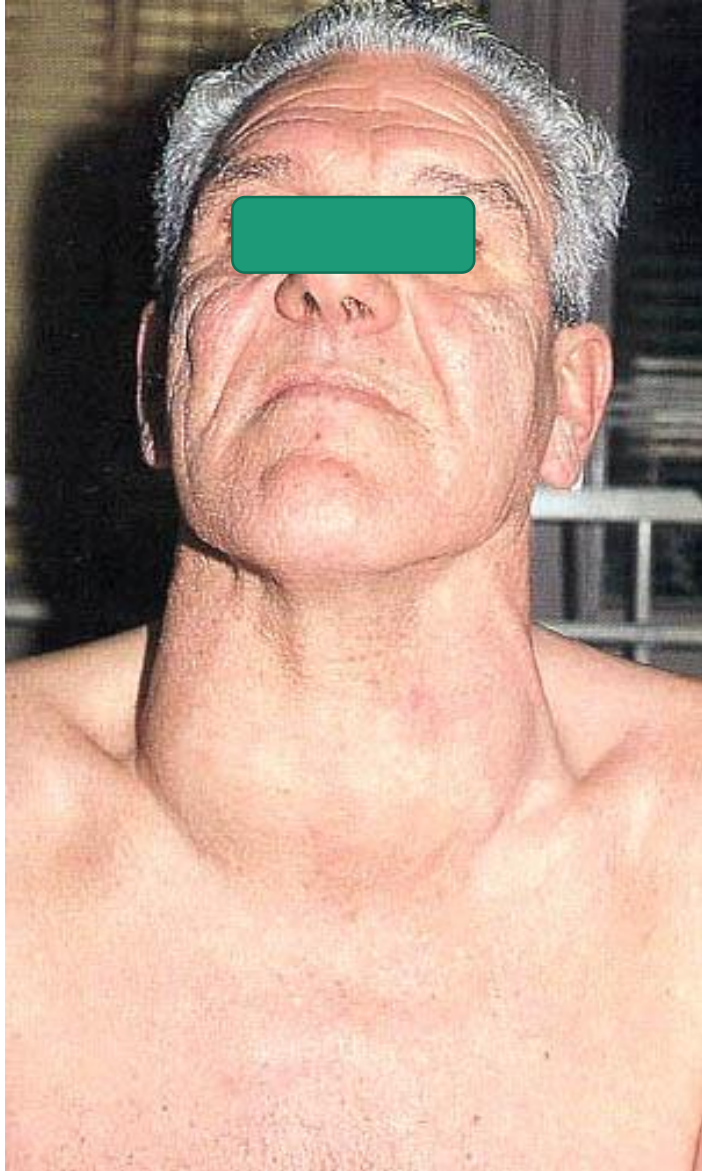
- Red flags
  - stridor
  - hoarseness
  - cervical lymphadenopathy
  - enlarging mass – weeks

Need urgent referral

# Assessment- Thyroid Nodule

- History / exam (Red Flags)
- TSH – normal/ elevated --FNA
  
- “Malignant” – refer ENT surgeon
- “Follicular lesion” – refer ENT surgeon
- “Non- diagnostic” –refer ENT / thyroid clinic
- “Benign” --- observe  
--- refer if obstructive / cosmetic











# Thyroid Nodule-role of Surgery

FNA –"malignant"	- total thyroidectomy
--"suspicion of malignancy"	- hemithyroidectomy
--"follicular lesion"	-hemithyroidectomy

Compressive symptoms eg stridor

breathing difficulty

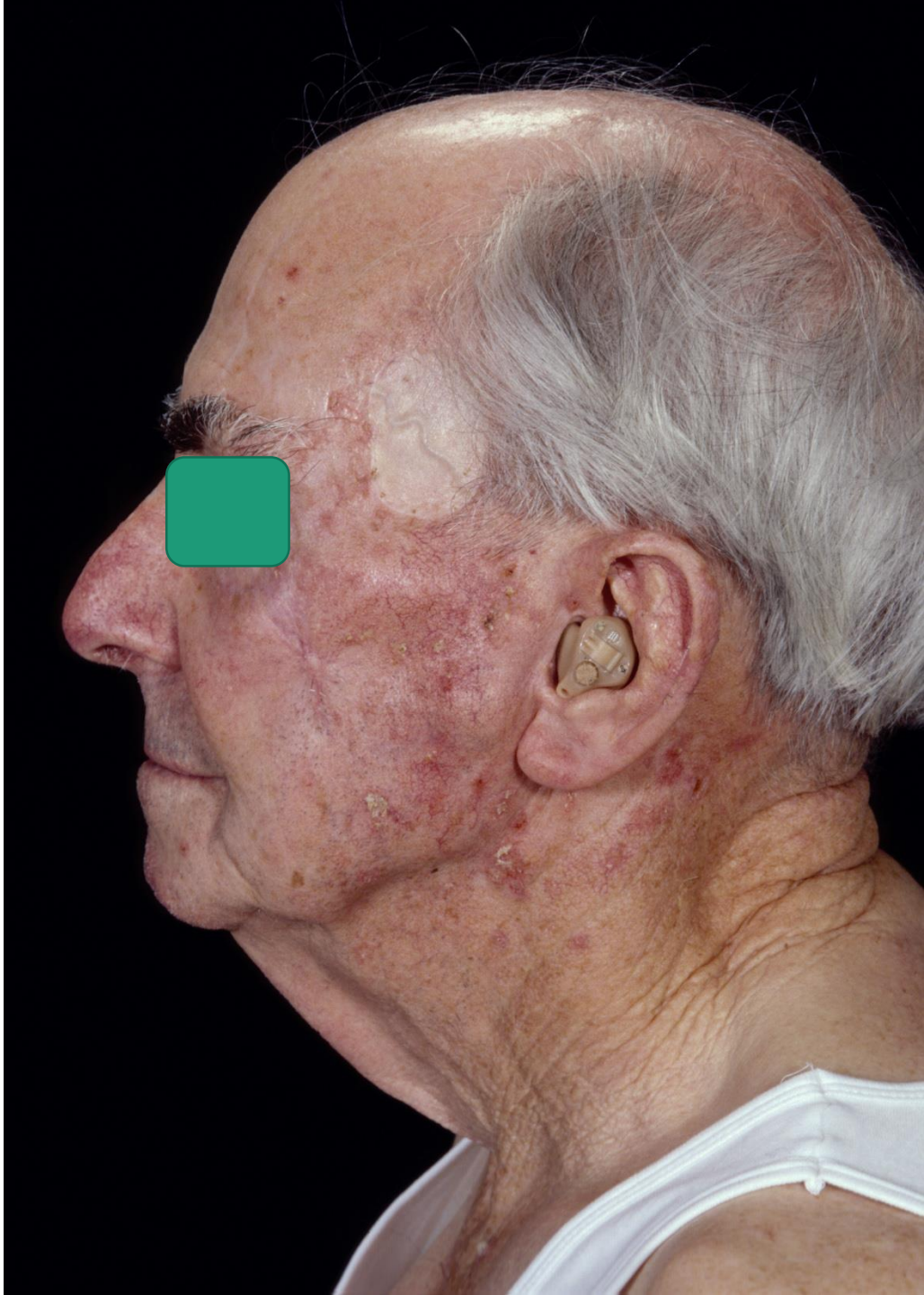
swallowing difficulty

Cosmetic

# Metastatic Head and Neck Skin Cancer

- 30% New Zealanders – develop skin cancer
- 80% occur on face and neck – usu BCC/SCC
- 2 – 5% SCCs metastasise—parotid / neck nodes
- INCREASING incidence--? past sun exposure  
--? ageing population





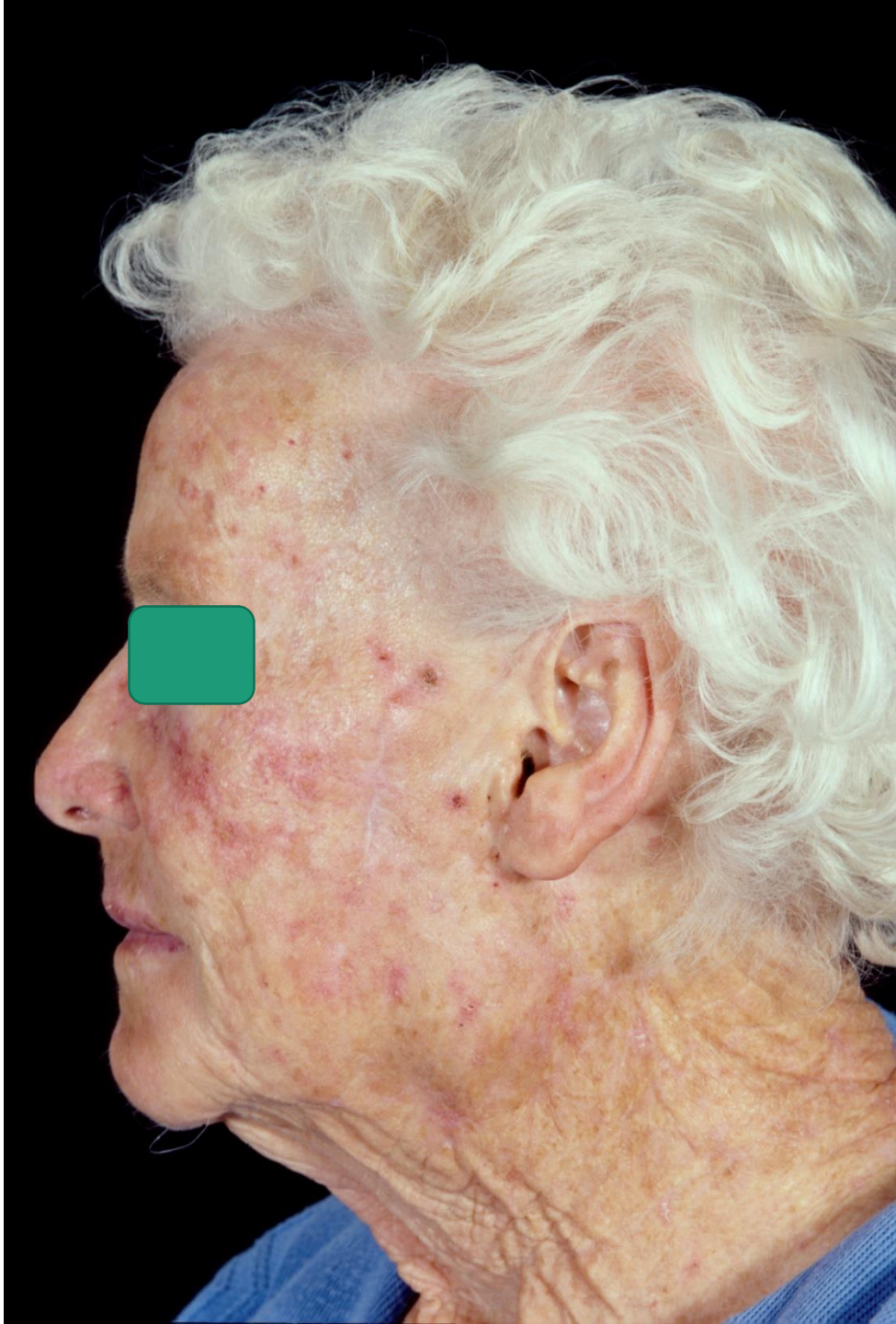


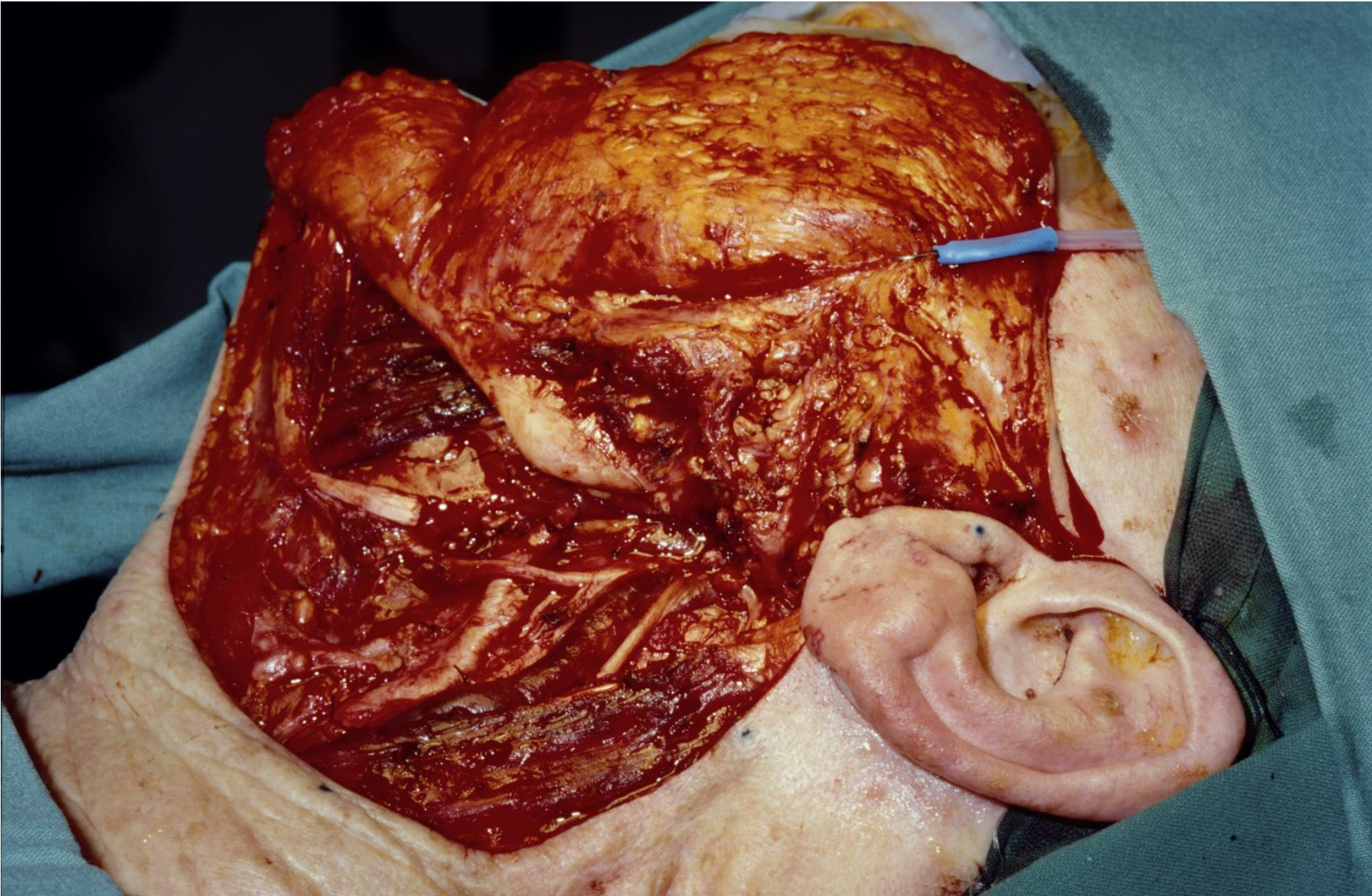




# Metastatic head and neck skin cancer Treatment

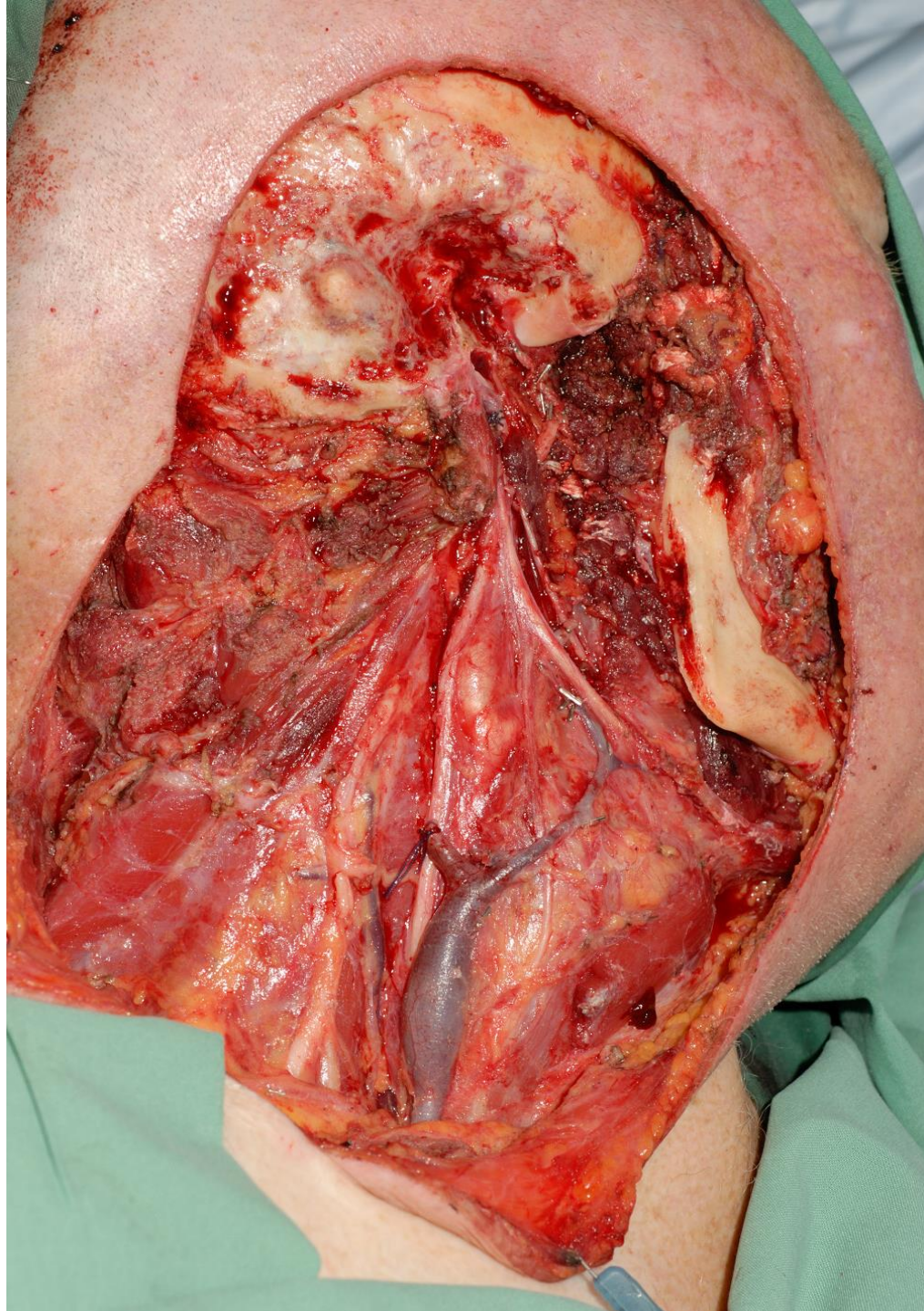
- Surgery and postop radiotherapy
- 80 -85% 5 year disease specific survival















# Metastatic Cutaneous Head + Neck Cancer

- High risk primary sites –ear
    - temple
    - forehead
  - Consider in
    - older patient with painless parotid /neck lump
    - history of skin cancers
- FNA –useful
- Then urgent referral

# HPV and Cancer

Strong association – HPV (16 and 18) and  
Cervical cancer

Vaccination - very effective

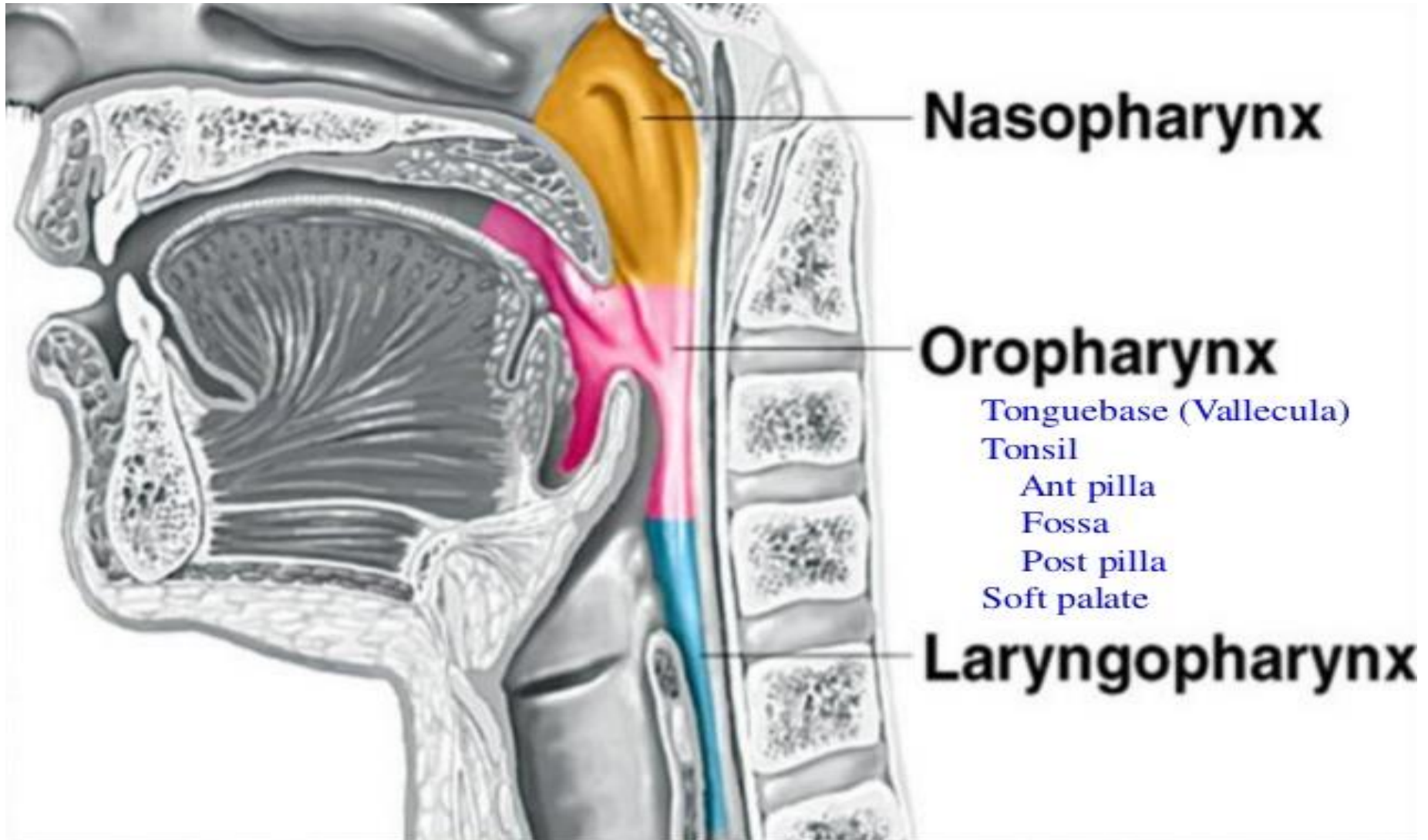
Incidence – Decreasing

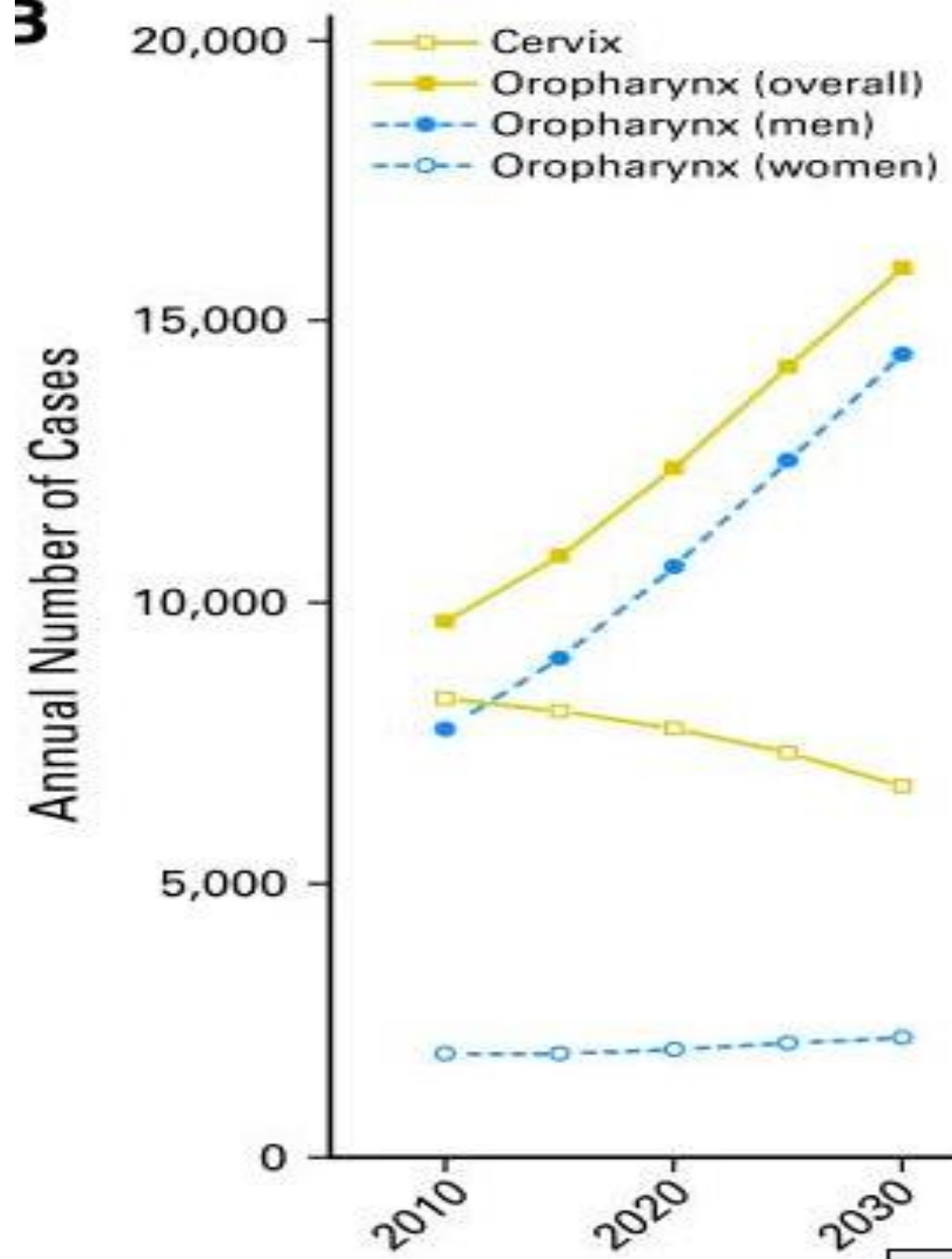
**BUT ALSO**

Strong association – HPV and Oropharyngeal Ca

Incidence - **INCREASING**

# Oropharynx





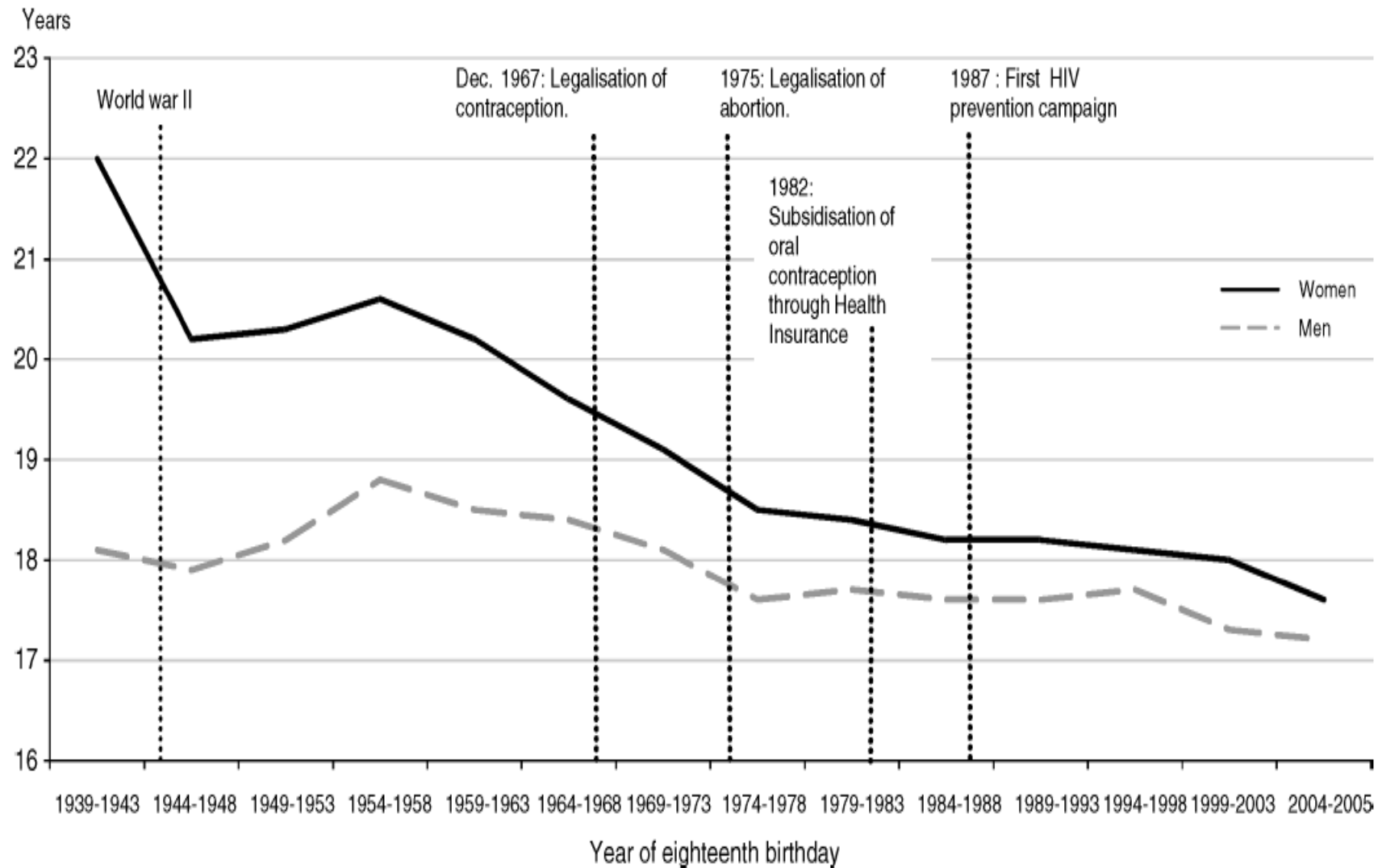
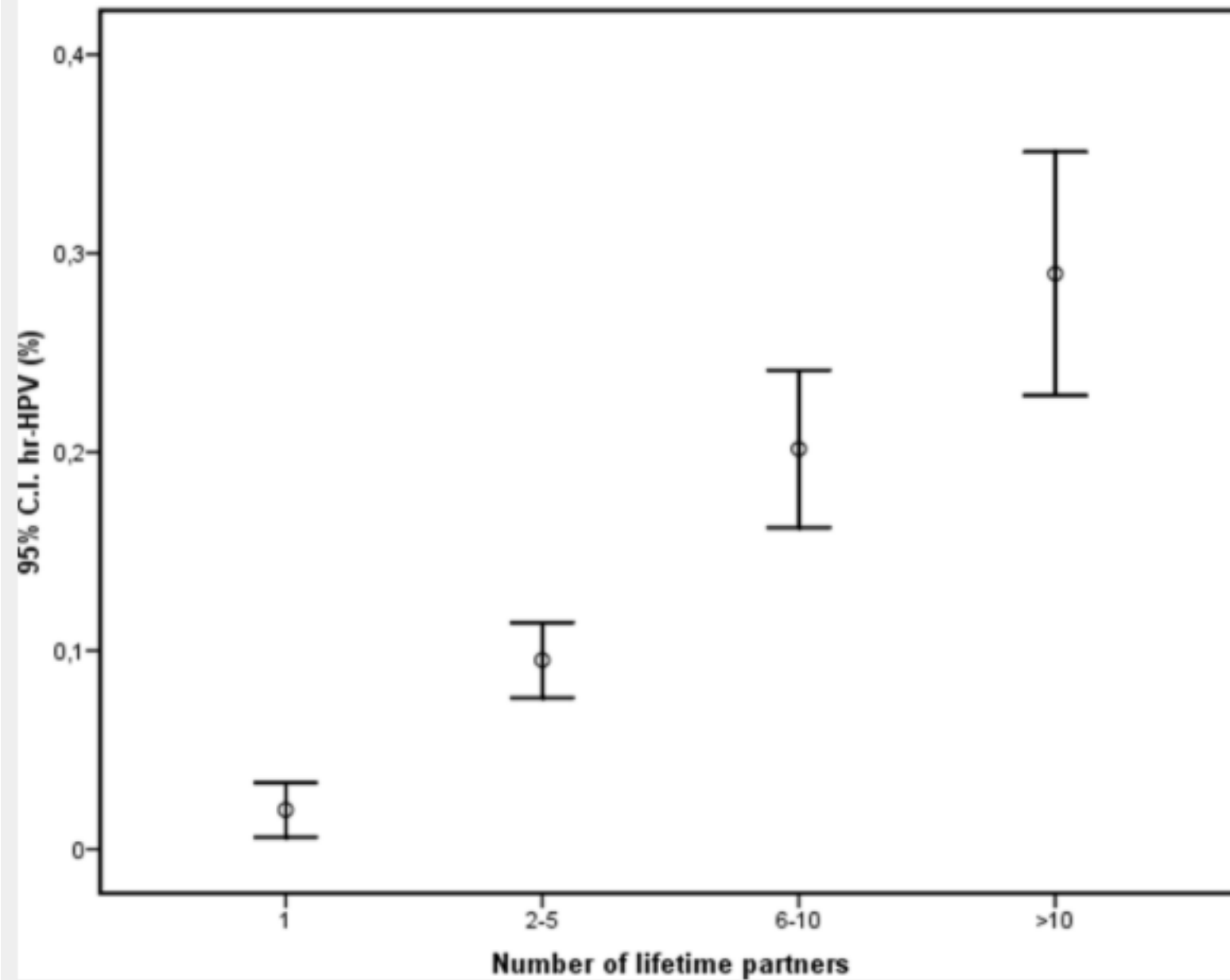


Fig. 1. Median age at first sexual intercourse, by sex and age cohort.

Figure 4. Number of lifetime sexual partners by High-Risk HPV



# Oropharyngeal Cancer - Presentation

- Typically male 40s or 50s non-smoker
- Painless neck mass-usu below angle of jaw-60%
- Unilateral sore throat/ earache -20%
- Neck mass and sore throat -20%
  
- Investigations- FNA neck mass
  - EUA and biopsy oropharynx  
(usu SCC 80% HPV P16 +ve)
  - CT scan etc



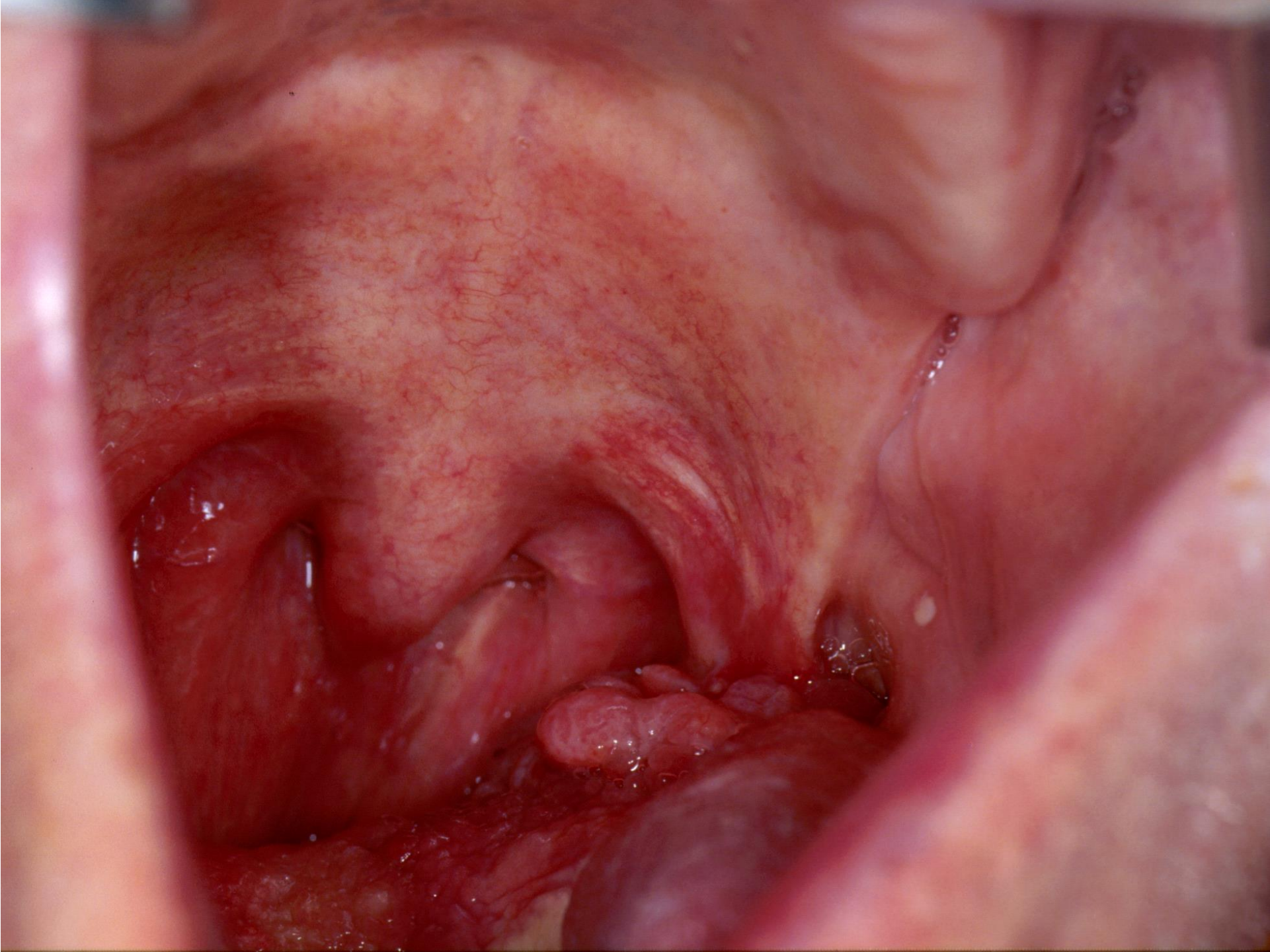












# Oropharyngeal Ca –treatment options

- Radiotherapy
  - Radiotherapy and chemotherapy
  - Surgery
  - Surgery and postop radiotherapy
  - Surgery and postop chemoradiation
- 
- Overall –75% 5 year survival

# Oropharyngeal Cancer

- On the increase !
- Consider if adult presents with painless neck lump
- ?Vaccinate your sons ? (expensive!)
- Push for greater Min of Health recognition



# Head and Neck Lumps and Bumps --Rob Allison

Thank you for your attention!!