Rapid Access “One-Stop” Neck Lump Clinic
- the service your patient deserves!

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Primary Care Consultation

- 70 year old male with neck lump for 3 months

**History**-

- Smoker / ethanol
- Solitary / multiple swellings
- Associated symptoms – oral (incl dental), nasal (unilateral blockage / epistaxis), ear (local or referred otalgia), throat (hoarse voice/swallow difficulties or pain/ breathing difficulties or stridor), unilateral pain, cranial nerve weakness
- Previous malignancy
- Ethnicity / foreign travel / TB contact
- Systemic symptoms – weight loss, night sweats, pyrexia

**Examination**-

- Face / neck – location of swelling (midline / lateral), size, nature (enlarging, painful )etc
- Skin – face and scalp
- Oral cavity / oropharynx (assymetry, white / red mucosal patches, masses, ulceration, bleeding, unexplained tooth mobility)
Anterior Neck Surface Anatomy

Anterior belly of Digastricus
Mylolhyoideus
Hyoid bone
Thyroid cartilage
Cricoid cartilage
Sternocleidomastoidus
Supraclavicular fossa
Trapezius
Clavicle
Clavicular head of Sternoclido-
Sternal head mastoidus
Lateral Neck Surface Anatomy
The Neck: Anatomy

Contains
- Anterior triangle
- Posterior triangle
Neck: Anterior Triangle

- Submandibular gland
- Larynx
- Trachea
- Hypopharynx
- Cervical oesophagus
- Thyroid & parathyroid
- Carotid sheath
- Neurovascular structures
- Cervical lymph nodes
Neck: Posterior Triangle

Fibrofatty lymphatic tissue
Accessory nerve
Cervical nerve plexus
Periauricular Area

Parotid gland
Lymph nodes
# Common Neck Masses

## Table 1. Common Neck Masses

<table>
<thead>
<tr>
<th>Neoplastic</th>
<th>Congenital/Developmental</th>
<th>Inflammatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metastatic Unknown primary epidermoid carcinoma</td>
<td>Sebaceous cysts</td>
<td>Lymphadenopathy</td>
</tr>
<tr>
<td>Primary head and neck epidermoid carcinoma or melanoma</td>
<td>Branchial cleft cysts</td>
<td>Bacterial</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>Thyroglossal duct cysts</td>
<td>Viral</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Lymphangioma/hemangioma</td>
<td>Granulomatous</td>
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<tr>
<td>Lymphoma</td>
<td>Dermoid cysts</td>
<td>Tuberculous</td>
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<tr>
<td>Salivary</td>
<td>Ectopic thyroid tissue</td>
<td>Cat scratch</td>
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<tr>
<td>Lipoma</td>
<td>Laryngoele</td>
<td>Sarcoïdosis</td>
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<tr>
<td>Angioma</td>
<td>Pharyngeal diverticulum</td>
<td>Fungal</td>
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<tr>
<td>Carotid body tumor</td>
<td>Thymic cysts</td>
<td>Sialadenitis</td>
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<tr>
<td>Rhabdomyosarcoma</td>
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<td>Parotid</td>
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<tr>
<td></td>
<td></td>
<td>Submaxillary</td>
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<tr>
<td></td>
<td></td>
<td>Congenital cysts</td>
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<td></td>
<td></td>
<td>Throtrast granulomas</td>
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</tbody>
</table>
Differential Diagnoses - Enlarged Neck LNs

- Preauricular nodes: Drain scalp, skin
  - Differential diagnosis: Scalp infections, mycobacterial infection
  - Malignancies: Skin neoplasms, lymphomas, head and neck squamous cell carcinomas

- Posterior cervical nodes: Drain scalp, neck, upper thoracic skin
  - Differential diagnosis: Same as preauricular nodes

- Supraclavicular nodes: Drain gastrointestinal tract, genitourinary tract, pulmonary
  - Differential diagnosis: Abdominal/thoracic neoplasms, thyroideology, mycobacterial/fungal infections

- Submandibular nodes: Drain oral cavity
  - Differential diagnosis: Mononucleosis, upper respiratory viral/bacterial infection, mycobacterial infection, toxoplasma, cytomegalovirus, dental disease, rubella
  - Malignancies: Squamous cell carcinoma of the head and neck, lymphomas, leukemias

- Anterior cervical nodes: Drain larynx, tongue, oropharynx, anterior neck
  - Differential diagnosis: Same as submandibular nodes
Regional Metastatic Neck Disease
15 year history of slowly enlarging neck mass
Neck lumps can be divided into anterior and lateral lesions.

More than 75% of lateral neck masses in patients over 40 are caused by malignant tumours, either metastatic or lymphoma.

Most metastatic neck nodes arise from primary lesions in the Head and Neck.
Patients with neck lumps which persist for more than 3/52 despite Rx, or with suspected salivary gland tumours, should be referred to specialist neck lump clinics for investigation.

These should be organised collaboratively by Haematology, Ear Nose & Throat and services for Head & Neck Cancer.

Any patient with a neck lump should first be examined by flexible endoscopy.
Previous NWLH Referral Pathways

- Complex, multi-step, uncoordinated, haphazard, wasteful, inefficient, non-user friendly, unsafe!
Idealized “One-Stop” Pathway

- Simple, coordinated, defined, resource efficient, purchaser, provider & user-friendly, safe!
NWLH Head & Neck Lump Clinic

- Interface H&N sub-specialty training in infancy
- Multi-specialty approach to “One-Stop” Rapid access H&N clinic (2 ENT-H&N & 2 OMFS-H&N Surgeons)
- H&N specialist review inc. Flexible nasendoscopy
- Northwick Park – onsite same day “one-stop” radiology / cytology
- Dedicated H&N radiologists and cytopathologists
- NWL H&N Cancer Network / H&N MDT
H&N Lump Clinic Referral Proforma

North West London Cancer Network

URGENT SUSPECTED CANCER REFERAL FORM (HEAD and NECK)
To make a referral, FAX this form to the Urgent Referral Team at the relevant hospital (see reverse). If you wish to send an accompanying letter, please do so. All referrals must be FIXED.

Consultant/Hospital to which patient is being referred:

**Patient details**
- **NHS No:**
- **Surname:**
- **First Name:**
- **Age / D.O.B.:**
- **Tel:**
- **Fax:**
- **Address:**
- **Postcode:**
- **Date of decision to refer:**
- **Tel anytime available:**
- **Signature:**

**Details of Patient’s GP** (for General Practitioner Referrals):
- **Name:**
- **Address:**
- **Tel:**
- **Has the patient been seen within 2 weeks?** Y/N
- **Has the patient had a previous diagnosis of cancer?** Y/N
- **Hospital number (if known):**
- **First language:**
- **Interpreter required?** Y/N

**Additional Clinical Information:** Include any investigations arranged or results obtained, and any other information you think relevant. Continue on a separate sheet if necessary ensuring patient details and referring doctor’s name are on additional sheets.

- Alcohol units per drink:
  - 1 unit of alcohol is 8 grams of pure alcohol.
  - Women should not regularly drink more than 3 units a day and men should not regularly drink more than 4 units a day within any 24 hour period. A unit of alcohol is one a half pints of beer, a large glass of wine, a standard measure of spirits.
  - For more information refer to: http://www.nhs.uk/Conditions/Liquorisk/Pages/Dailydrinkinglimits.aspx

**Symptoms and Clinical Findings**
- **Cancer area suspected:** Please tick as appropriate
- **Risk factors:**
  - Smoker
  - Ex-smoker
  - Obesity
  - Drink per week

**Lumps in neck > 3 weeks**
- **Hesitancy:**
- **Dysphagia:**

**STRIDOR – Refer immediately**
- Red and/or white patches on oral mucosa (especially if plus pain, bleeding, swelling)
- Unexplained oral soreness > 3 weeks

Please ensure this form is received in the Trust within 24 hours of GP or Dental decision to refer.

For latest referral forms please visit: http://www.nwln.nhs.uk/cancer-referrals.htm
• Thank You – Any Questions?