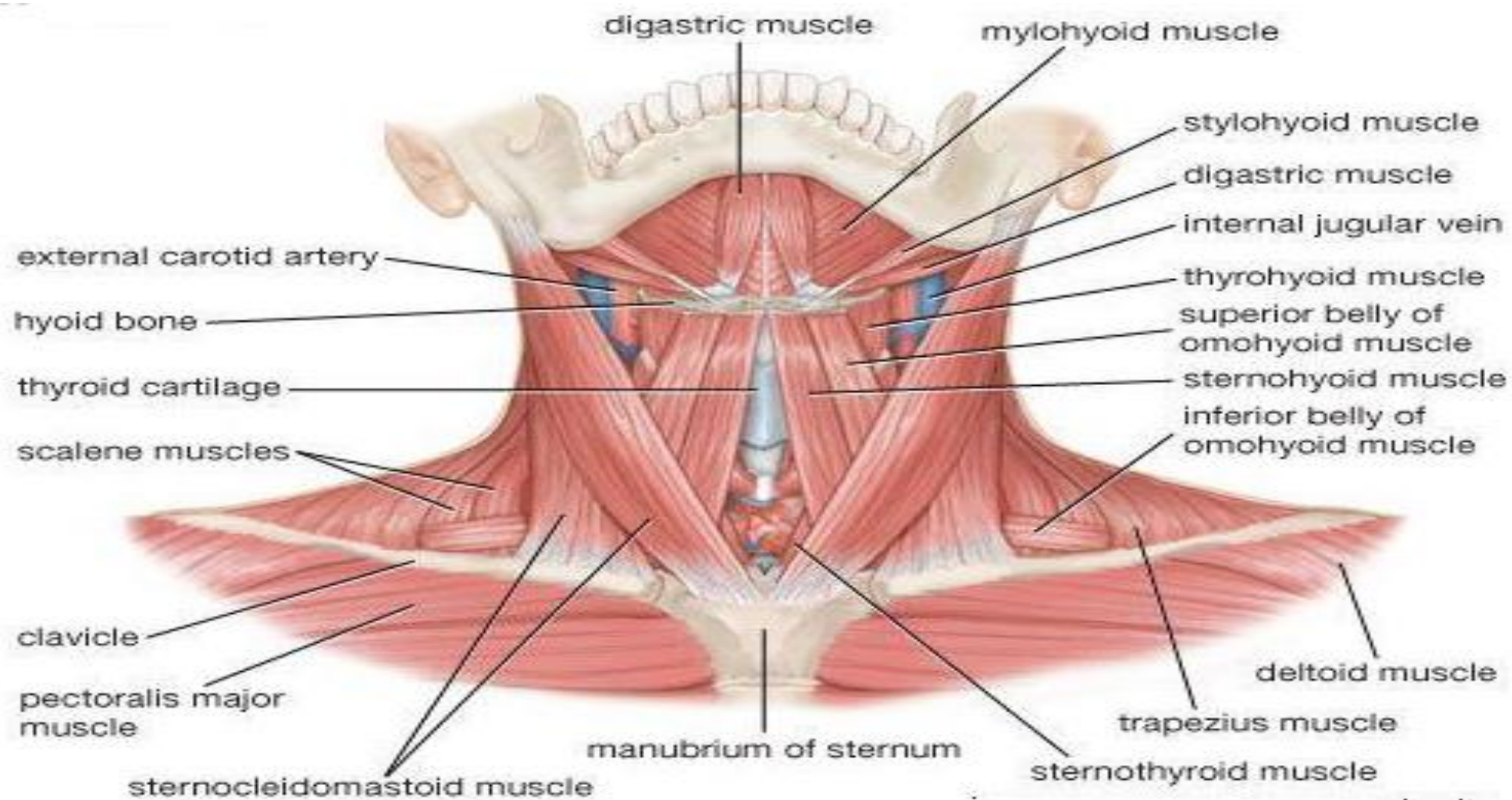




NECK EXAMINATION



GENERAL INSPECTION



Any obvious masses?



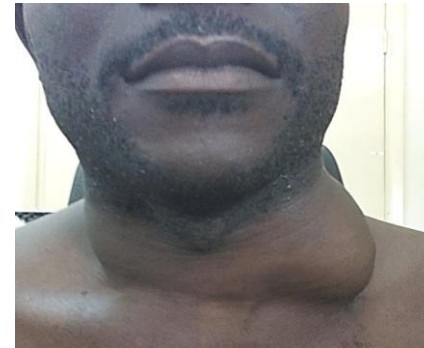
Assimetry?



Scars?



Overlying skin change?



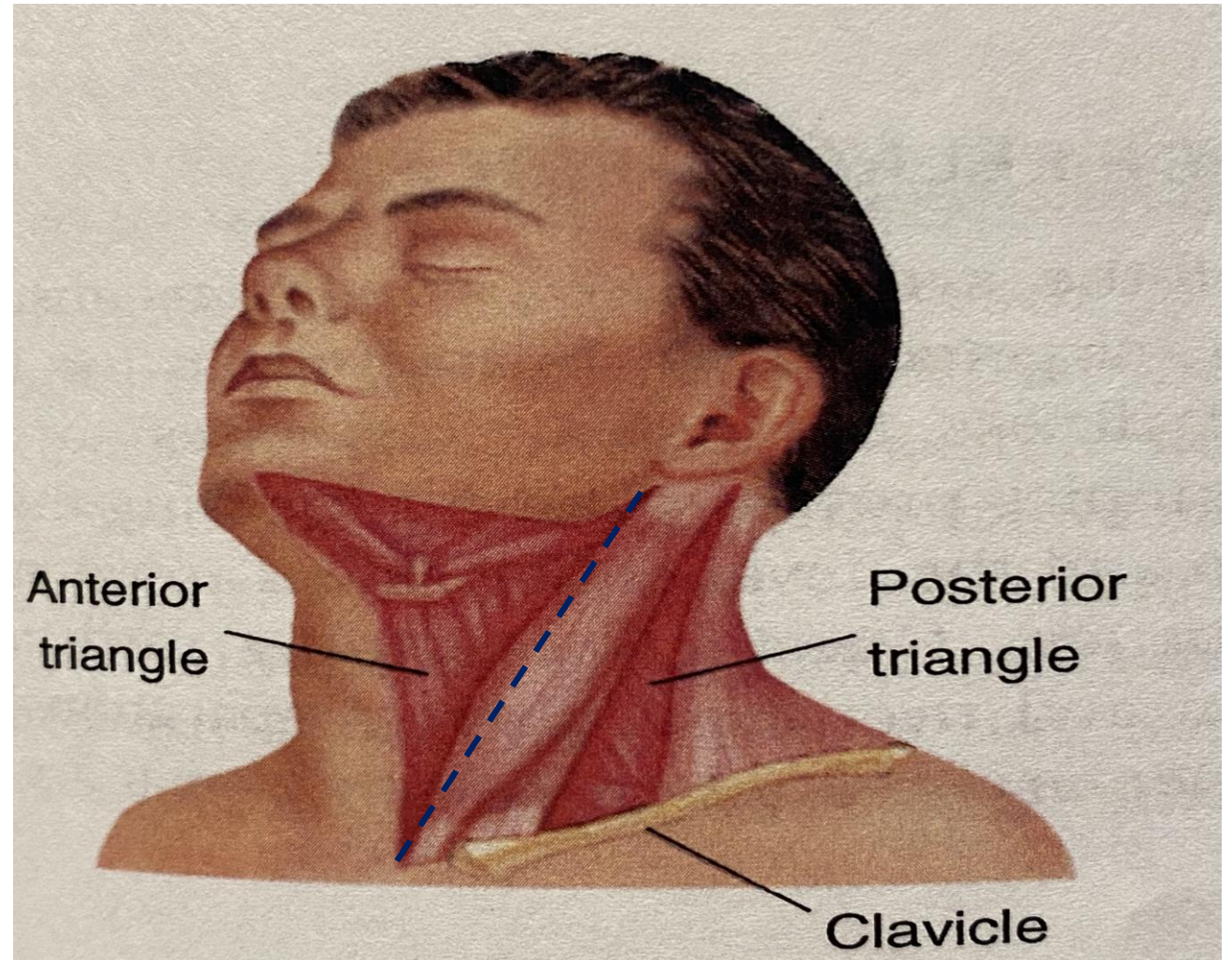
PERFORM DETAILED PALPATION OF MASSES

Asses location:

- ✓ Anterior triangle
- ✓ Posterior triangle

Remember:

- ✓ sebaceous cysts, lipomas, dermoid cysts, epidermoid cysts can be located anywhere in the neck and head
- ✓ **There are structures peculiar to the anterior and posterior triangle**



EPIDERMOID CYSTS

An epidermoid cyst is a very common cyst that contains keratin and its breakdown products, surrounded by an epidermoid wall.

(A) Clinical variability of epidermoid cysts. Puncta of epidermoid cysts (arrows) that dark color keratin plug overlying cyst cavity tether the cyst to the overlying epidermis. (B) Intraoperative view and surgical specimen. (C) Photograph of the sectioned surgical specimen shows masses with a fibrous capsule that was composed of a laminated white-yellow paste-like material, typical of keratin.).



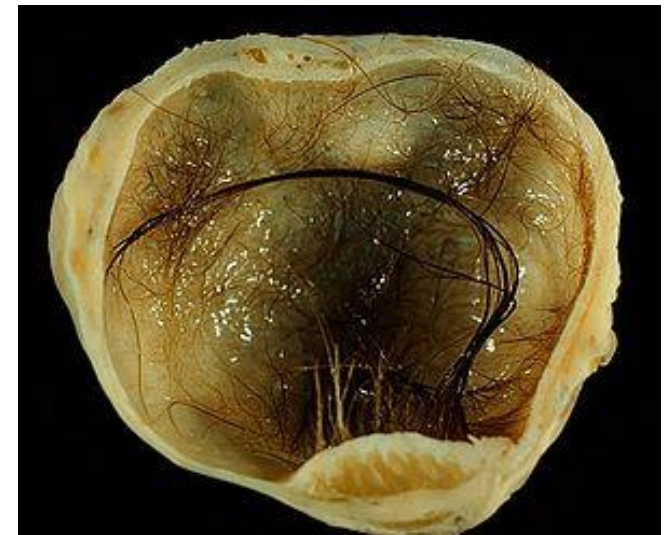
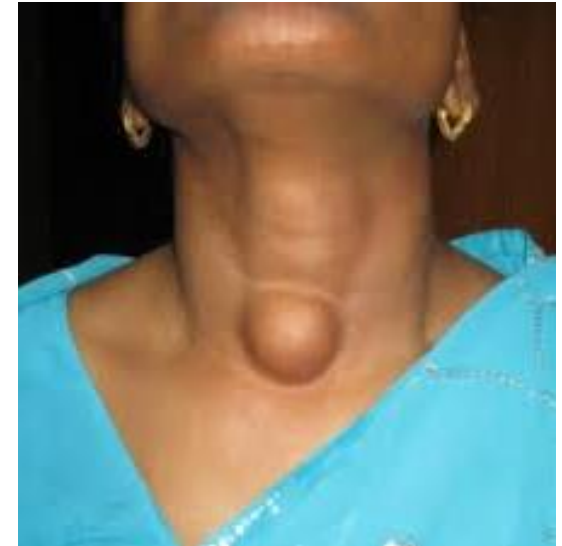
SEBACEOUS CYSTS

A cyst is a slow-growing, protein-filled, dome-like, yellow or white lump that can move easily under the skin. Unlike epidermoid cysts, which originate from the skin, and unlike pilar cysts, which come from hair follicles, true sebaceous cysts are rare and originate from your sebaceous glands



DERMOID CYSTS

- Cervical **dermoid cysts** are a common midline congenital **neck** mass found in the pediatric population. Embryologically, they contain germ cells of ectoderm and mesoderm origin.
- **Dermoids** are slow growing, painless, and rarely cause symptoms.

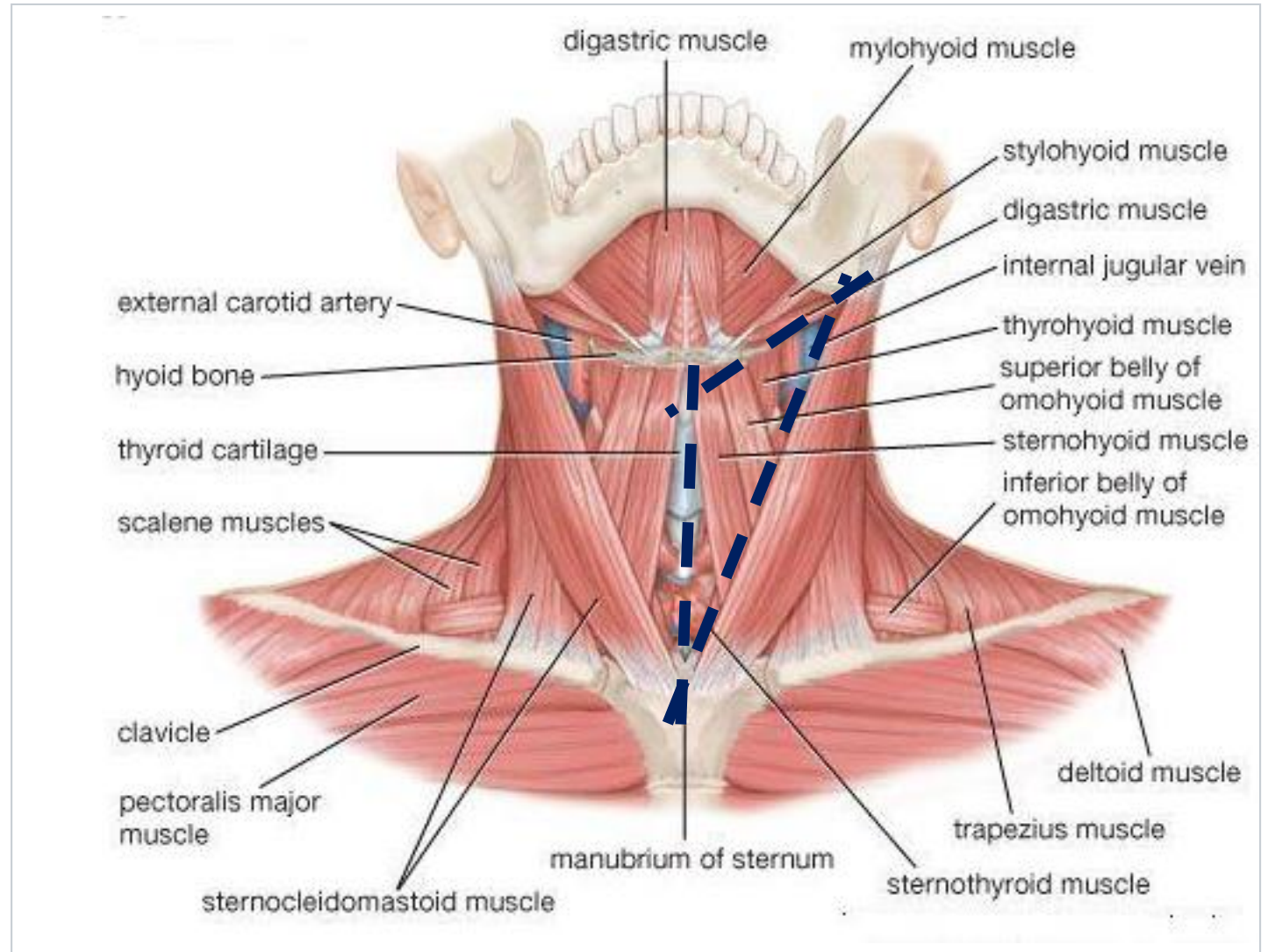
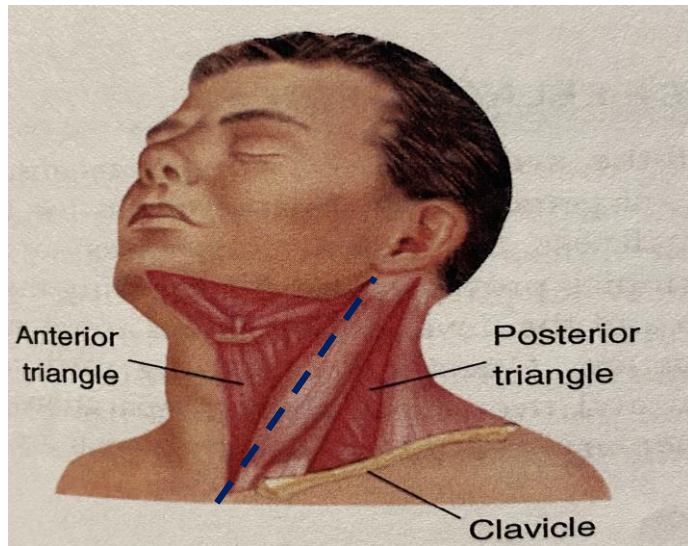


LIPOMA

A lipoma is a **lumps of fatty tissue that grows just under the skin**. Lipomas **move easily** when you touch them **and feel rubbery**, not hard. Most lipomas aren't painful and don't cause health problems so they rarely need treatment.



ANTERIOR TRIANGLE



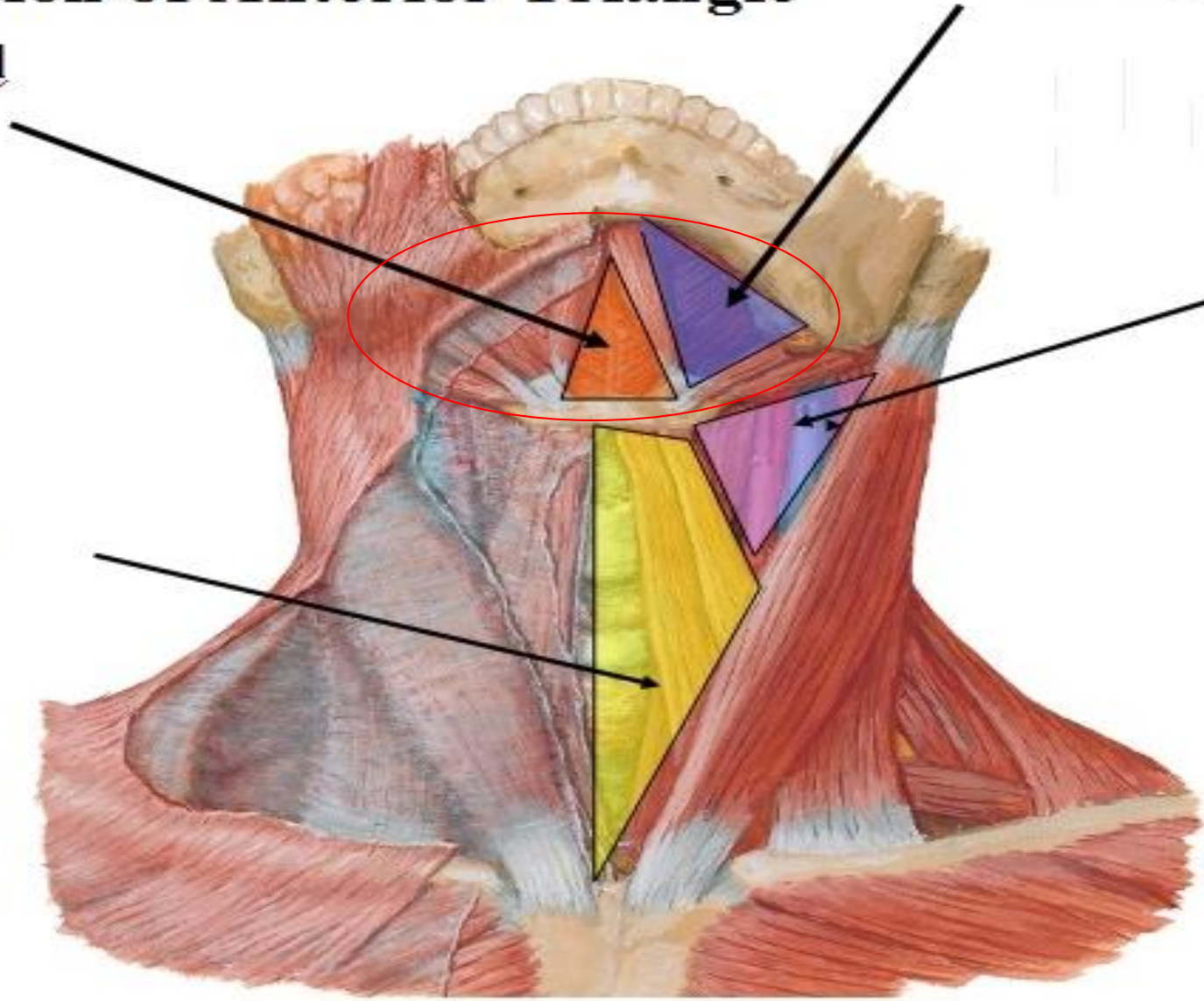
Subdivision of Anterior Triangle

Submental

Submandibular

Carotid

Muscular



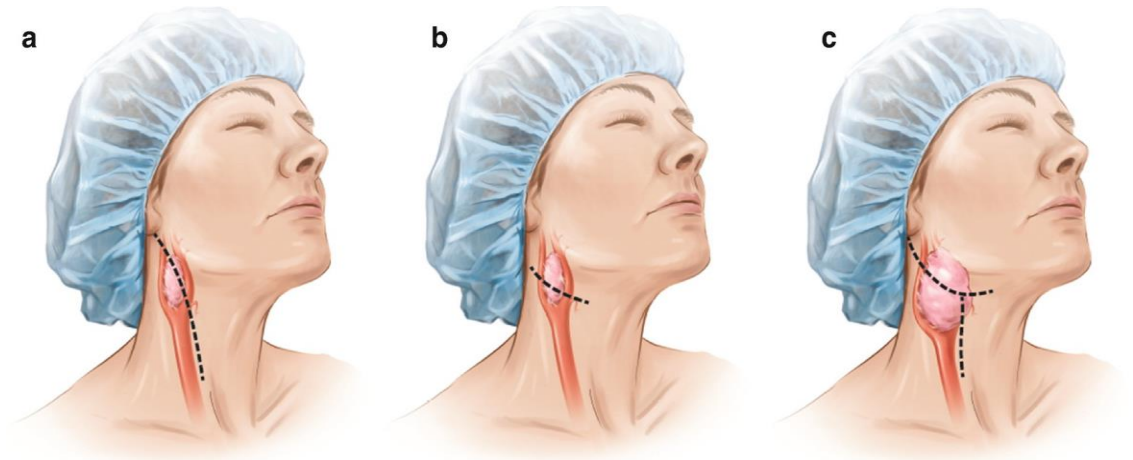
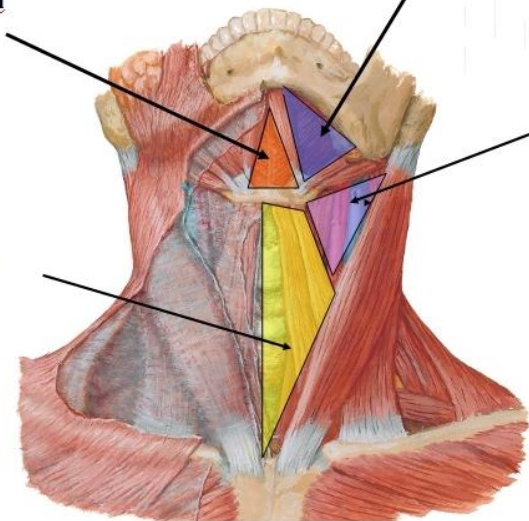
CAROTID BODY TUMOR

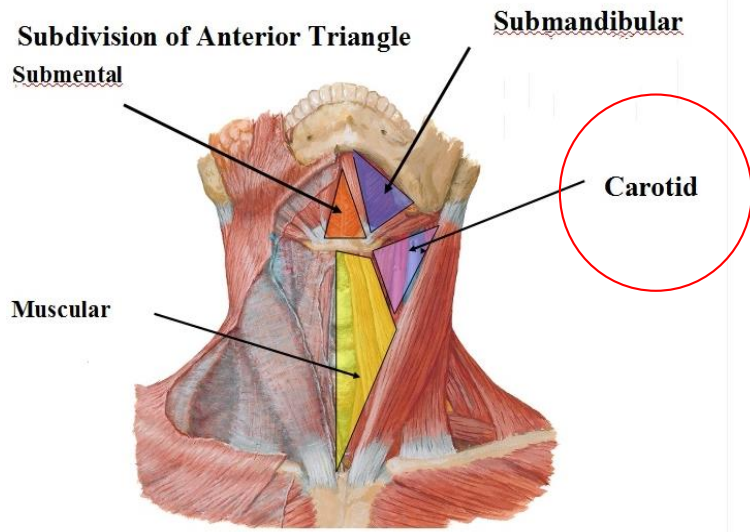
Subdivision of Anterior Triangle
Submental

Submandibular

Muscular

Carotid

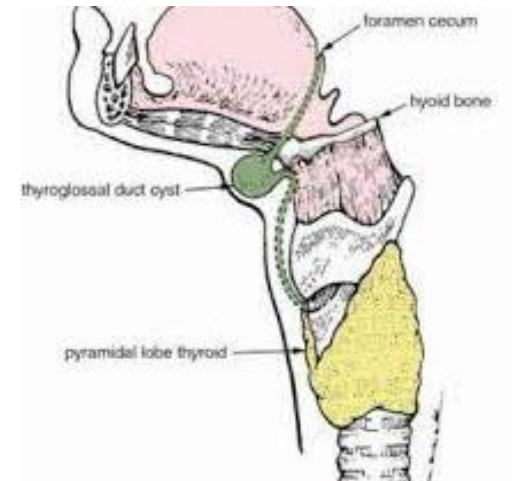




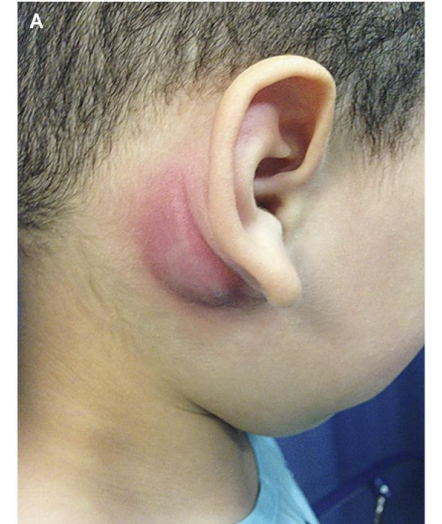
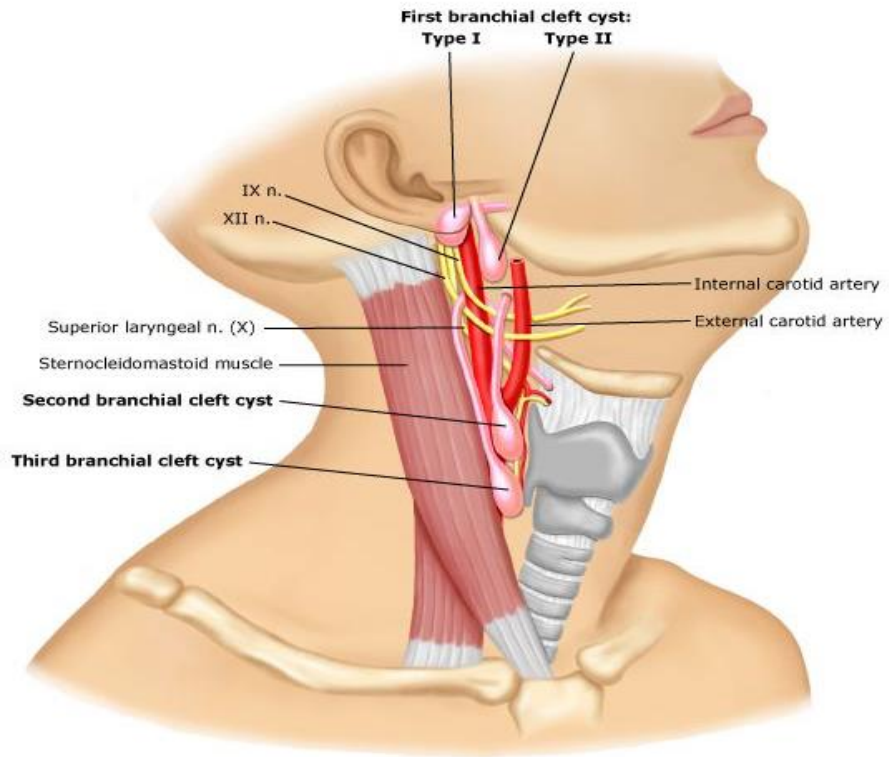
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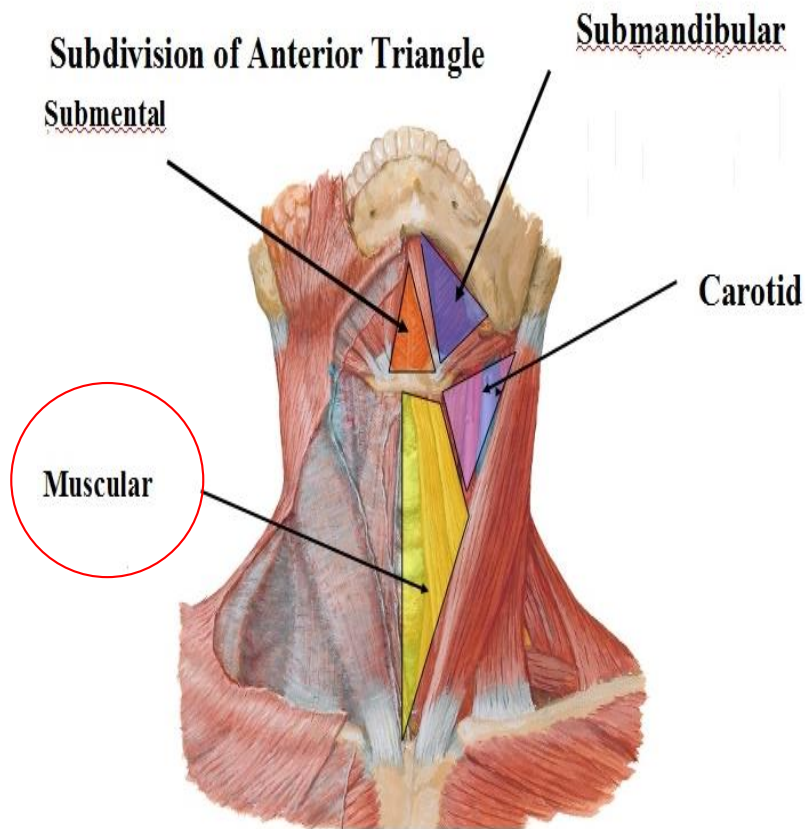


ANTERIOR TRIANGLE CONGENITAL MALFORMATI ON

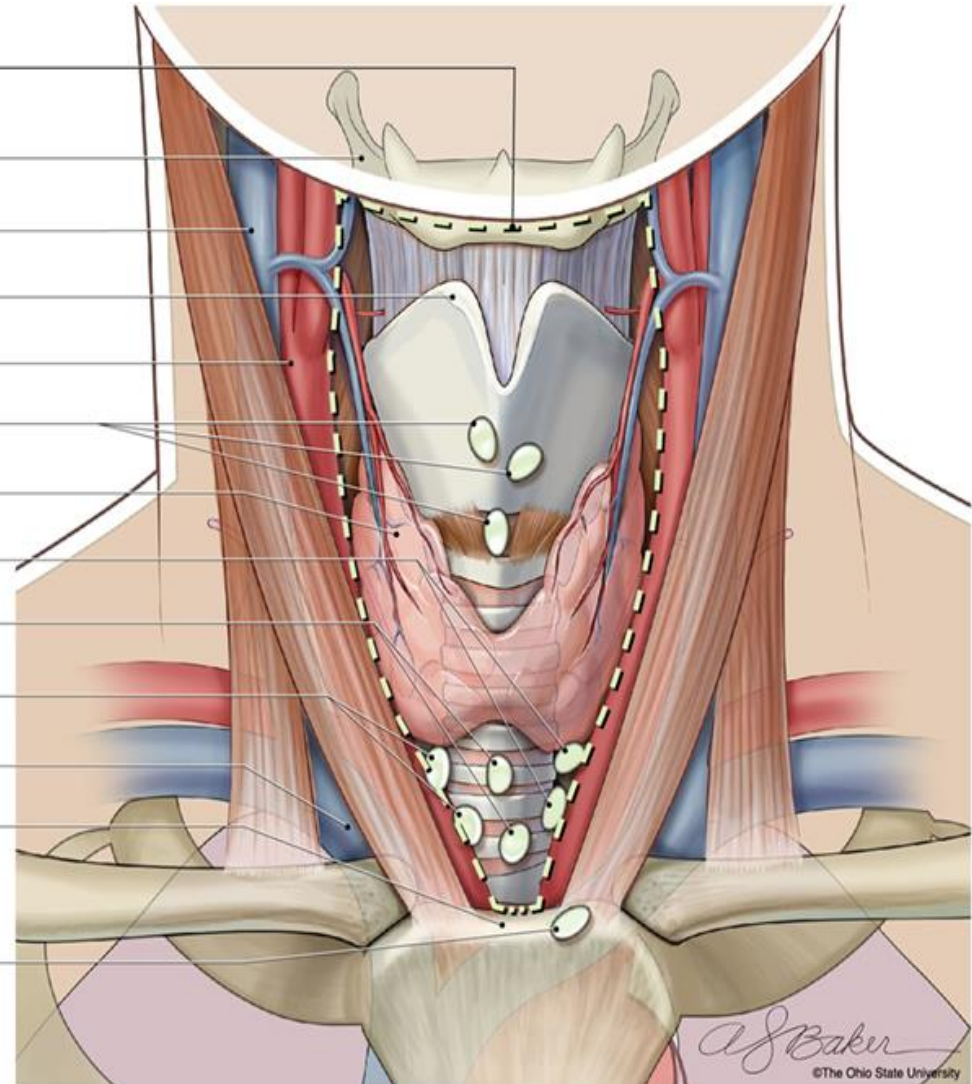


ANTERIOR TRIANGLE CONGENITAL MALFORMATI

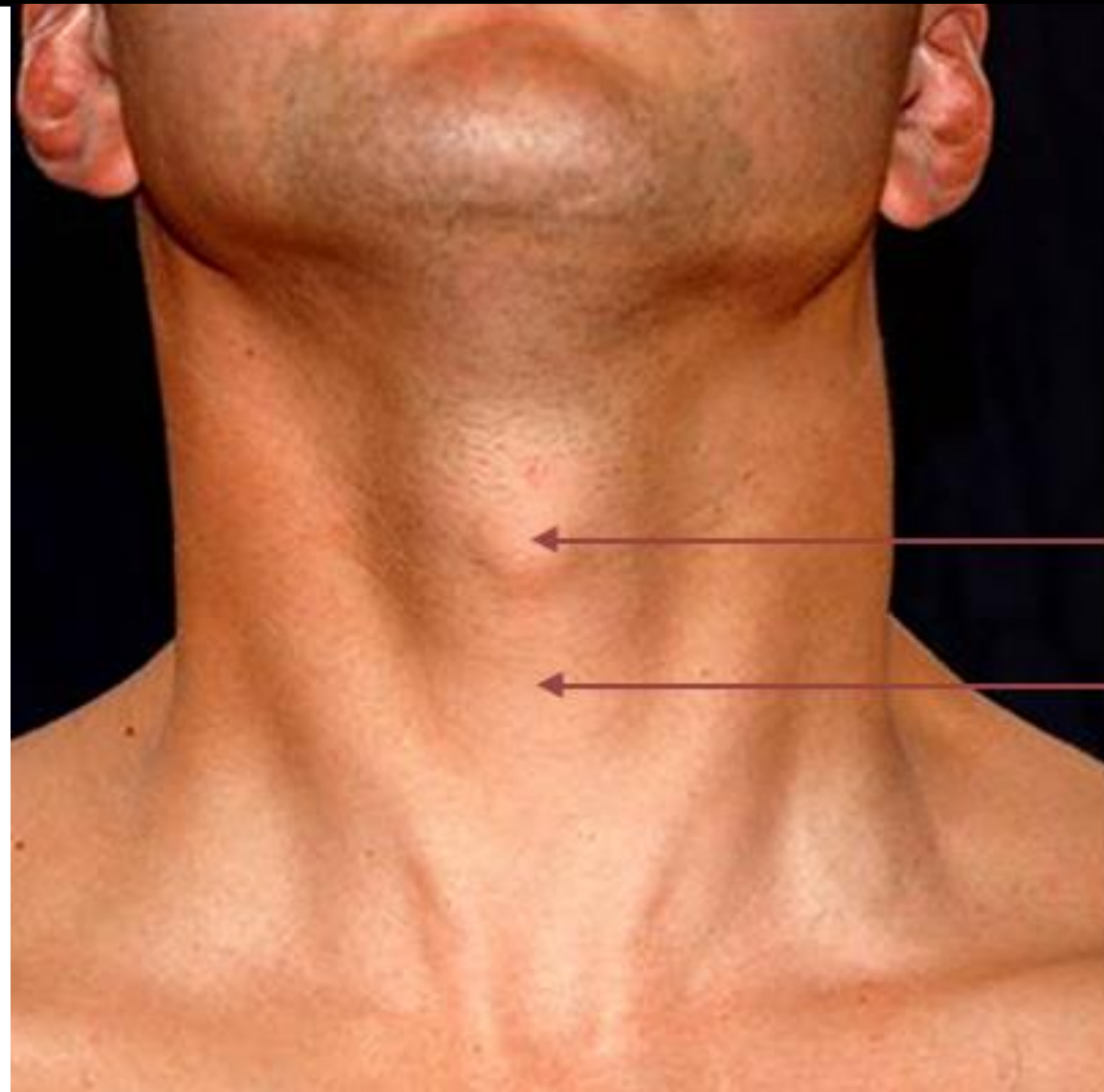
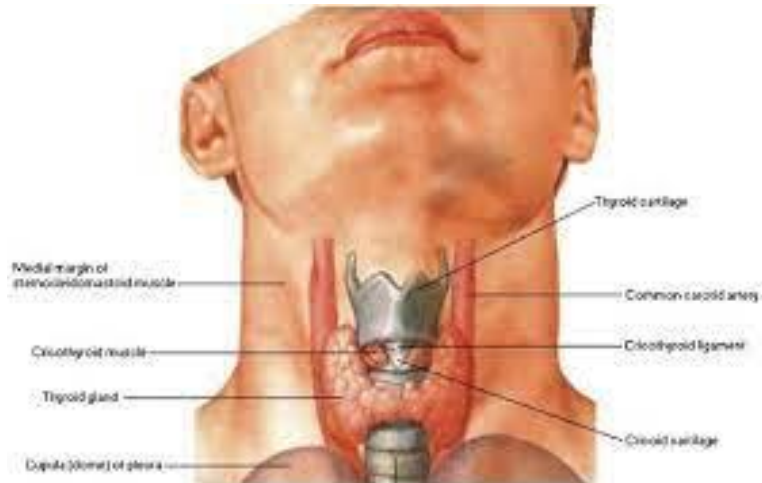




- Level VI
- Hyoid bone
- R Internal jugular v
- Thyroid cartilage
- R Common carotid a
- Prelaryngeal nodes**
- Thyroid gland
- L Paratracheal nodes**
- Pretracheal nodes**
- R Paratracheal nodes**
- R innominate vein
- Sternal notch
- Ant mediastinal node
- (Level VII)



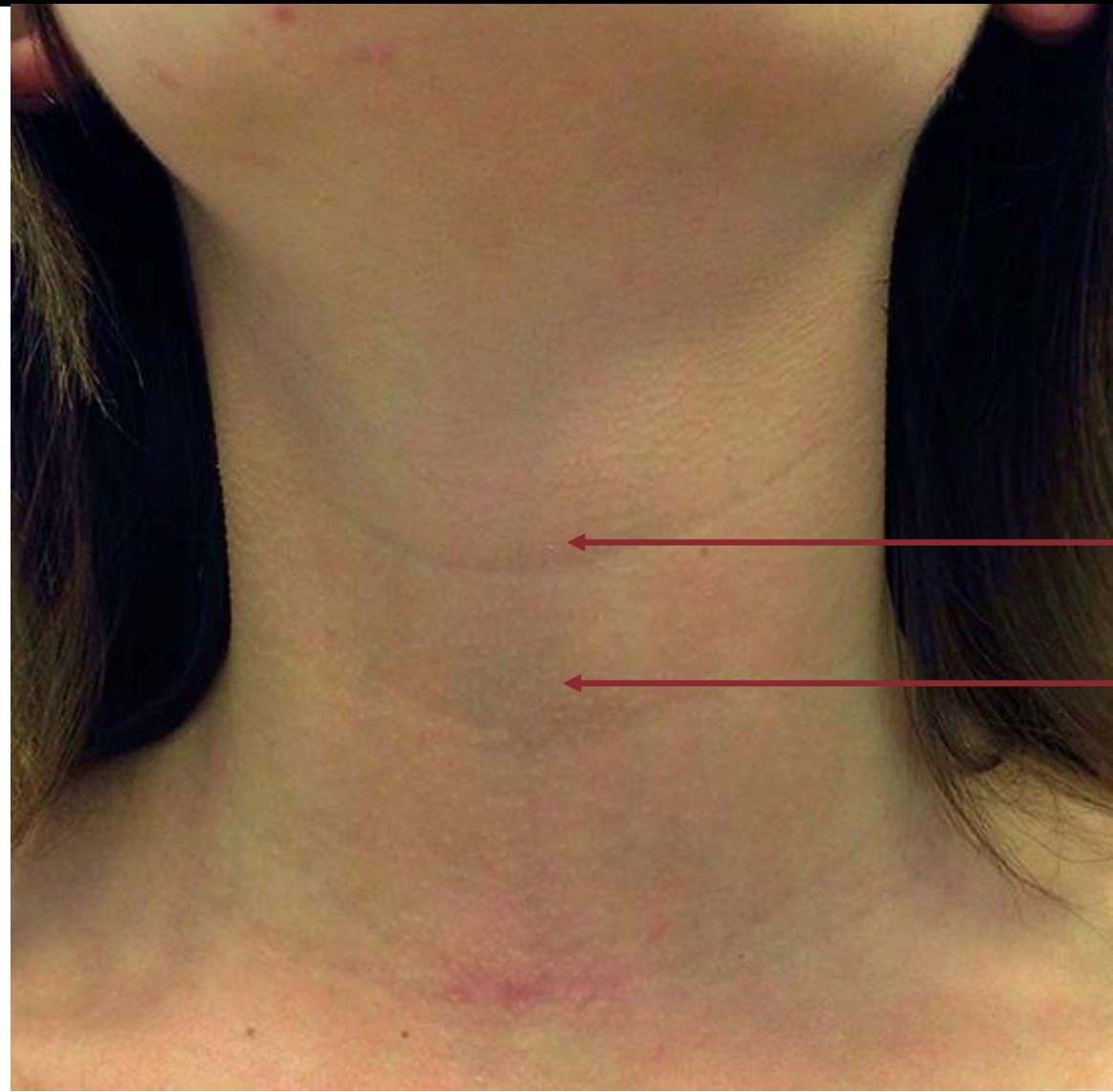
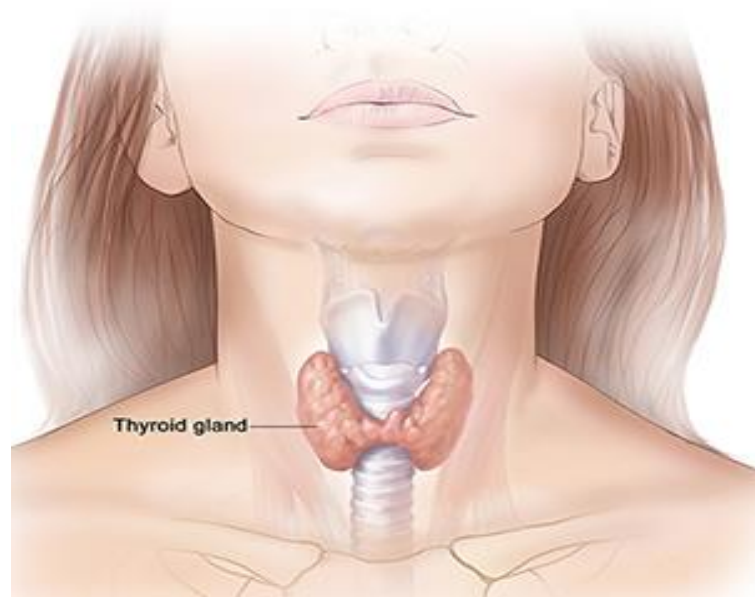
LANDMARKS FOR THE THYROID GLAND



Thyroid cartilage

Cricoid cartilage

LANDMARKS FOR THE THYROID GLAND



Thyroid
cartilage

Cricoid
cartilage

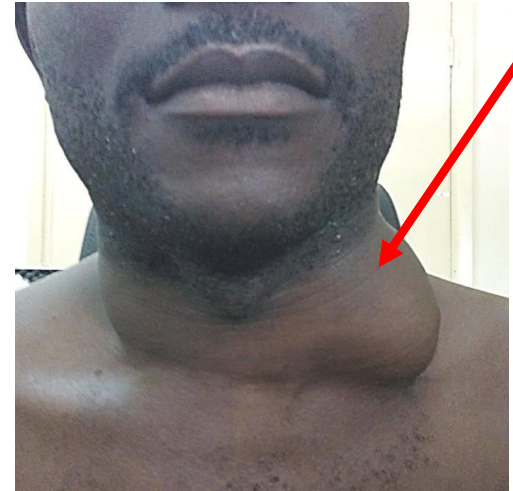
THYROID D MASSES



ASSES:

- Location
- Size
- Consistency (smooth/rubbery/hard)
- Shape (regular/irregular/well defined)
- Temperature (comparing to surrounding skin)
- Relation with underlying tissues (tethered vs mobile)
- Pulsation

THYROID D CANCER



ASSES:

- Location
- Size $>1,5$ cm
- Consistency (smooth/rubbery/**hard**)
- Shape (regular/irregular/well defined/**not well defined**)
- Temperature (comparing to surrounding skin)
- Relation with underlying tissues (**tethered** vs mobile)

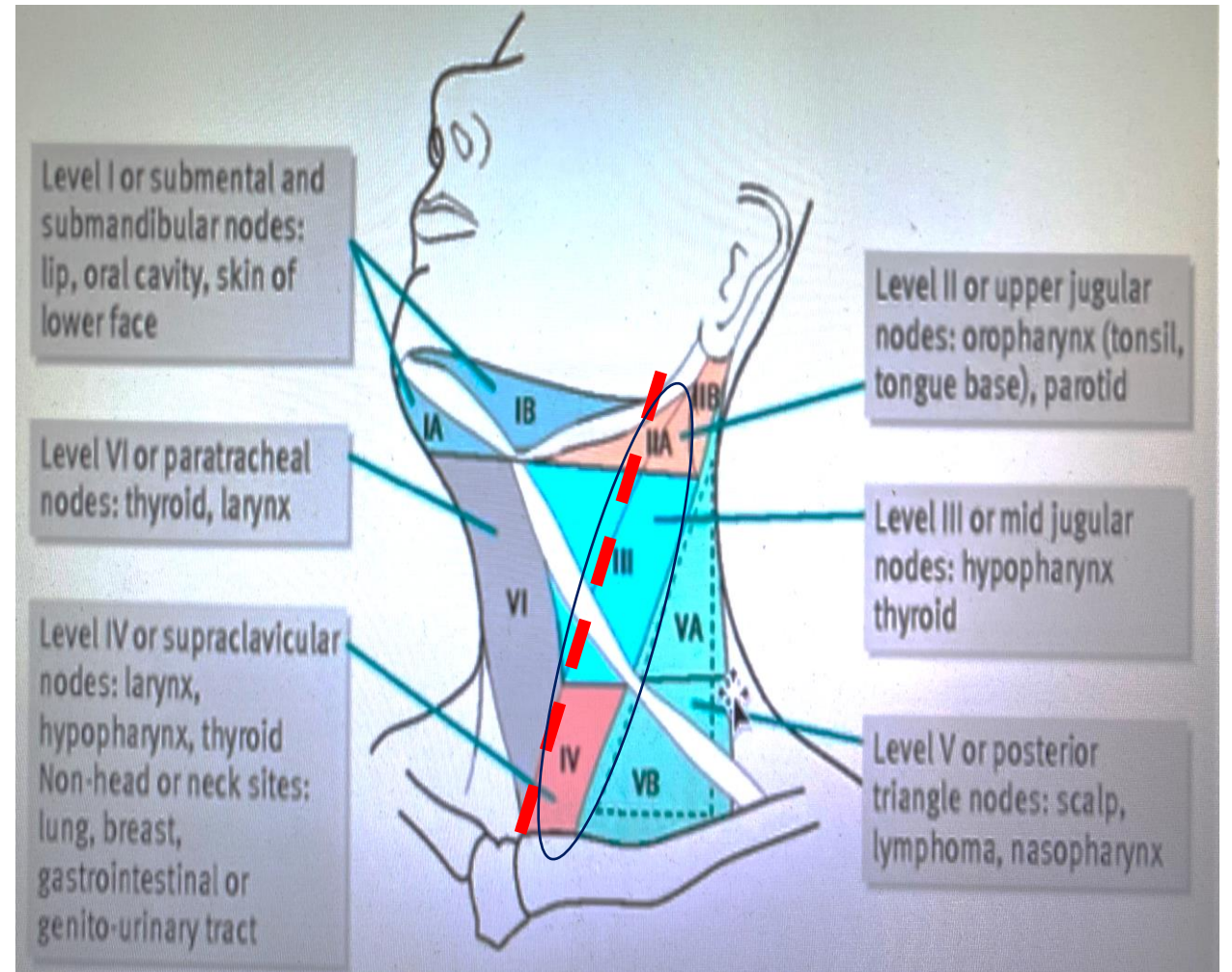
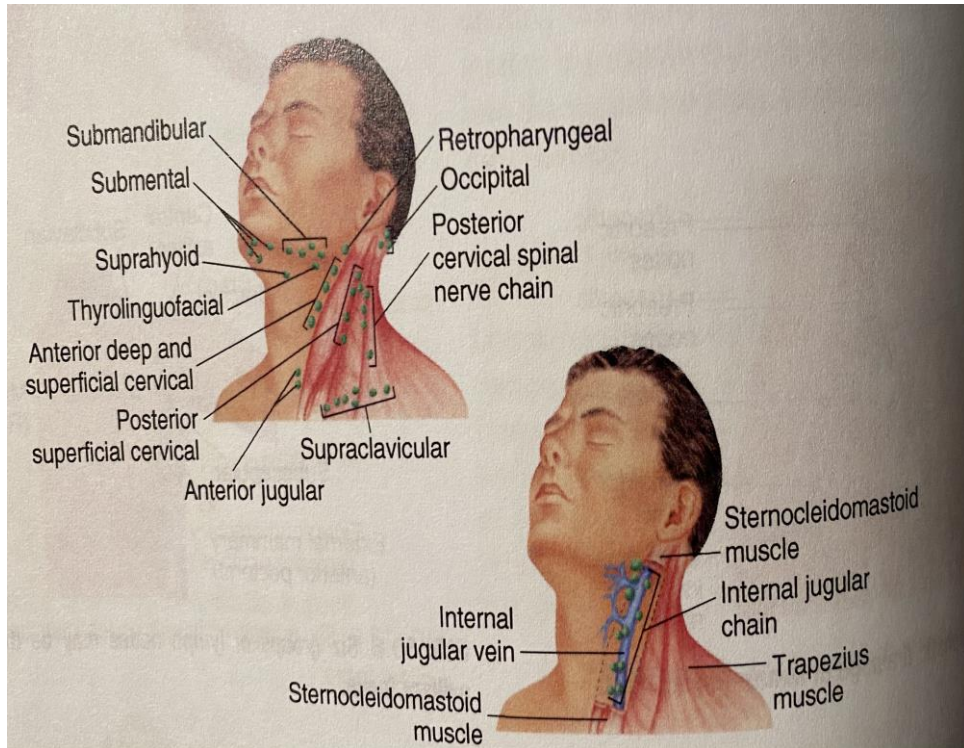


GENERAL INSPECTION

Observe the neck asking the patient

- **To swallow**
 - ✓ upward movement = thyroid
- **To protrude their tongue**
 - ✓ upward movement = thyroductal duct cyst

POSTERIOR TRIANGLE



PLEXIFORM SCHWANNOM

A

- Typically, presents as an asymptomatic, solitary, slow-growing, well-circumscribed, soft to **rubbery, nontender nodule**.¹⁶ The average diameter is approximately 2 cm.² The mass is **generally mobile from side to side but not in a vertical direction**.² Pain is unusual because the tumor displaces but does not invade the nerve.¹⁴ **Occasionally, paresthesia in the distribution of the involved nerve may be elicited with pressure/percussion over the lesion (Tinel sign).**



TO DO LIST

For any lump or for clinical examination of the neck....

GENERAL INSPECTION

Any obvious masses?

Assimetry?

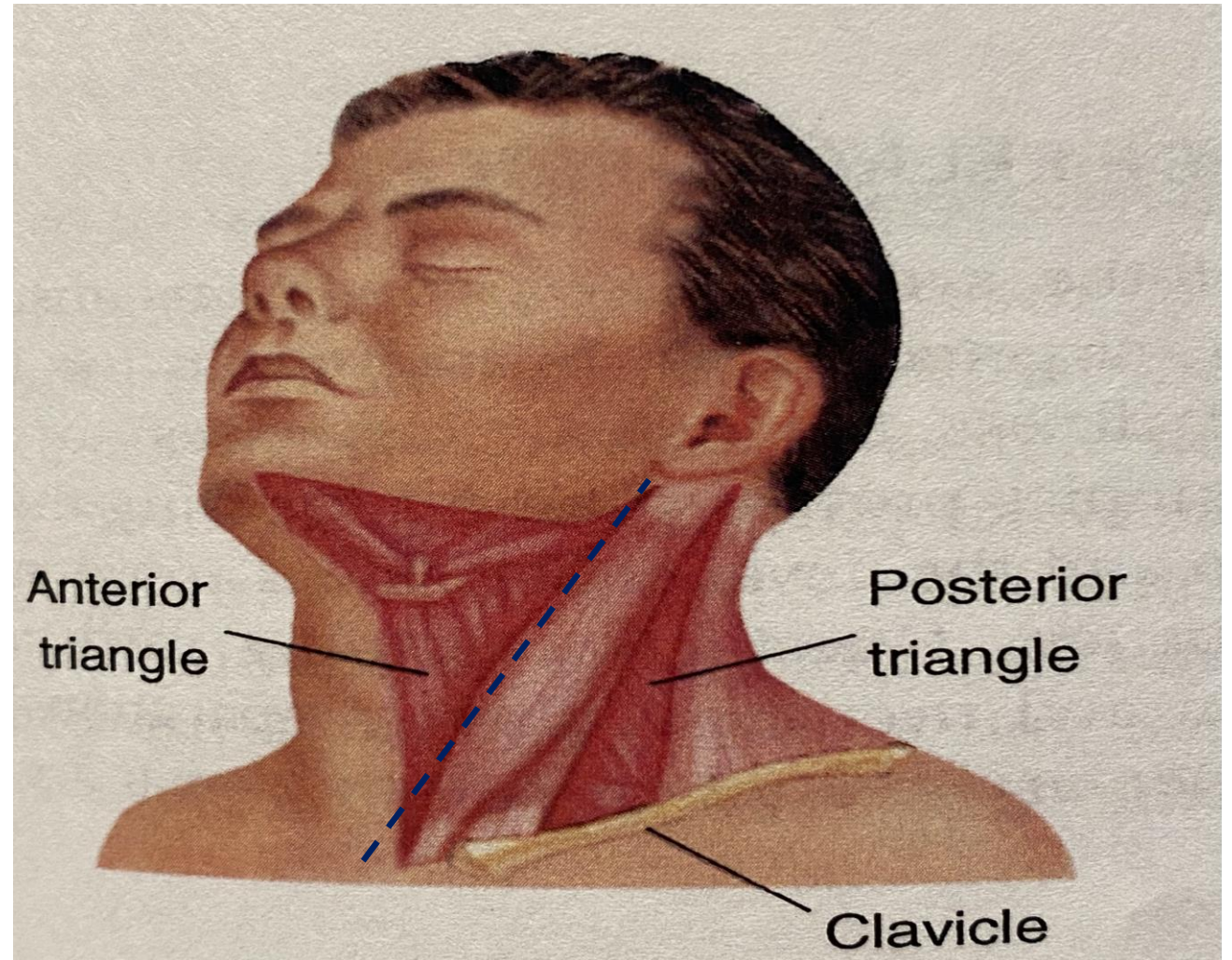
Scars?

Overlying skin change?

PERFORM DETAILED PALPATION

ASSES:

- Location (anterior/posterior triangle)
- Size
- Consistency (smooth/rubbery/hard)
- Shape (regular/irregular/well defined)
- Pulsatility
- Temperature (comparing to surrounding skin)
- Relation with underlying tissues (tethered vs mobile)





COLLECT A DETAILED MEDICAL HISTORY

- Time of onset
 - Rate of mass growth
 - Duration
 - Aggravating / associated factor (dysphonia, dysphagia; weight loss, tremors, heat intolerance, ...)
 - Family history
 - Past medical history
 - Comorbidities and medications
-