

Head and neck lumps.

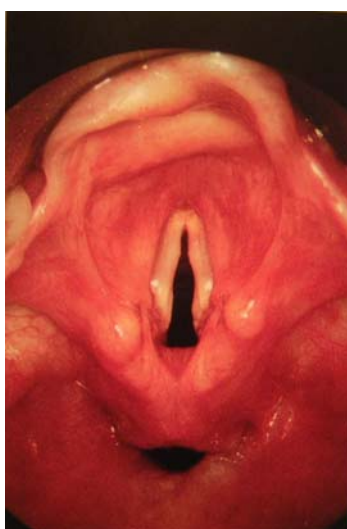
Head and neck masses are fairly common. Whilst the vast majority are benign, thorough examination is mandatory to exclude malignancy. In many cases, lumps are painless although this does not mean they are any less serious.

Neck lumps may arise from the normal structures in the neck or they may seed there from elsewhere. For this reason, fiberoptic endoscopy of the nasal passages and throat in the clinic is essential and further investigations may also include x-rays and scans, perhaps including fine needle aspiration biopsy.

Formal endoscopic evaluation of the oesophagus, trachea and post nasal space under general anaesthetic may be required. In most cases, removal of the lump is required, under general anaesthetic. The specific details of the procedure depend on the site of the lump and its nature. It is for this reason that the above investigations are required *before* undertaking excision of the lump.

Lumps may be formed by cysts, enlarged lymph nodes, benign tumours and malignant tumours. In most cases, removal of the lump completes the treatment and no further treatment is required.

Although radiologists and oncologists are the specialists most people think of when they hear the word "tumour," Otolaryngologists are instrumental in detecting, diagnosing and treating benign and cancerous masses of the head and neck (including the larynx, nasopharynx, paranasal sinuses, salivary glands, thyroid and parathyroid glands, ears, skin and bone, and mouth). Cancers of the ear, nose and throat can be fatal. Thorough and regular examinations help patients and physicians find abnormalities early, when treatment is usually most effective.



A normal Larynx (Voice-box) at endoscopy showing the two vocal cords and opening of the oesophagus behind.