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Head and neck lumps or masses

Lumps or growths in the head and neck region are very common. The causes for the lumps range from benign (or non-cancerous) to malignant (or cancerous). Examples of benign lumps include enlarged lymph nodes, thyroid cysts and nodules or branchial cysts. Head and neck cancers account for 3 to 5 percent of all cancers. These cancers usually occur in men and more common over the age of 50. Smoking and alcohol abuse are the most important risk factors for head and neck cancers, and the risk is much higher for people who use both tobacco and alcohol together. In cancers of the thyroid and nasopharynx, a positive family history of cancer is an additional important risk factor.

What are the dangerous signs and symptoms?

When a patient presents with a lump in the head and neck, it is important to determine if this is a symptom of cancer and therefore further treatment is necessary, or if the lump is benign and can be left alone.

Additional important symptoms that may suggest that cancer is present include:

- Blood-stained nose or throat discharge
- Persistent throat pain or blockage
- Ulcers in the mouth or throat that do not heal
- Difficulty swallowing
- Change in voice or hoarseness
- Persistent ear pain
- Change in the way your dentures fit
- Unexplained facial pain

What tests are available?

While the traditional practice of taking a medical history and thorough physical examination is still important, new diagnostic methods have allowed the ENT-head & neck surgeon to assess and evaluate a lump to provide an accurate diagnosis. **Flexible fiberoptic endoscopes** are routinely used to visualize areas in the head and neck which previously were hidden or poorly assessed (fig 1). **Videostroboscopic examination** of the larynx allows tiny lesions of the vocal cords to be picked up, and the functioning of the larynx can also be examined. **Fine needle aspiration biopsies** to obtain tissue from the lumps for microscopic examination are now done in the clinic setting with minimal discomfort (Fig 2). This enables the clinician to quickly assess the histologic characteristics of the lump and determine the potential for malignancy or cancer. **Imaging methods** to assess head and neck lumps such as ultrasound, computed tomography scans (CT) or magnetic resonance imaging (MRI) are ideally suited for the head and neck region. New imaging techniques such as **PET-CT scans** and 64 or 320 slice CT scanning are now routinely available and provide additional important information for the surgeon.

What are the treatment choices?

Surgery for head and neck lumps has traditionally been the treatment of choice, and is still indicated for most benign and some cancerous lumps. However the use of **radiotherapy** and **chemotherapy** (often in combination) is increasingly important for the treatment of head and neck cancers. These new treatment options allow for the preservation of some of the important structures in the head and neck, without compromising the eventual cure rate of the patient. The ENT-Head & Neck surgeon will be able to advise you in the optimal and ideal treatment choices.

For patients undergoing surgery, new techniques of **rehabilitation** allow for the quality of life to be preserved. An example is the use of voice prostheses to enable patients to speak after cancer surgery of the larynx. The development of **multidisciplinary teams** for the treatment of head and neck cancers (inclusive of plastic surgeons, dental surgeons, speech and swallow therapists) provides new reconstructive and therapeutic methods. These techniques enable us to achieve the best possible outcome for the patient.

Useful links:

<http://www.headandneckcancer.org/patienteducation/index.php>

<http://www.cancer.gov/cancertopics/types/head-and-neck>

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Fig 1



Fig 2

