

Neck Mass	Referral Guide: Page 1 of 2	ENT
------------------	--------------------------------	------------

Diagnosis/Definition:

The general definition of a neck mass is any abnormal enlargement, swelling, or growth from the level of the base of the skull to the clavicles. A neck mass has a very long differential diagnosis that changes depending upon the patient's age and risk factors.

Initial Diagnosis and Management:

History: Many times the etiology of a neck mass can be determined from a good history. Initially, the goal is to differentiate among inflammatory, infectious, neoplastic, congenital, and traumatic causes. One general rule of thumb is that a mass present for 7 days is infectious, 7 weeks is neoplastic, and 7 months is congenital. Beside duration, other important historical points include recent history of URI, travel outside of the U.S. history of cat scratches, exposure to tuberculosis, HIV risk factors, and alcohol/tobacco use.

Physical: A complete head and neck examination is indicated and is specifically directed to look for a site of infection and/or primary malignancy. Often overlooked on physical examinations, the teeth are commonly a source of pathology. A characterization of the mass can sometimes be helpful for diagnosis. Specifically, examine the mass for location, firmness, mobility, skin involvement, size, number, and tenderness.

Ancillary Tests: The following can help with diagnosis of a neck mass:

- Cat Scratch Disease Panel
- CBC Throat Cultures when indicated
- TB Test
- HIV Test
- Toxoplasmosis titer if indicated
- CXR/Lateral soft tissue x-ray of the neck
- Thyroid ultrasound, if a thyroid mass is suspected. In this case, a contrast CT scan should be avoided.

Initial management: The goal of the initial management is to ensure a diagnosis and treat the underlying problem. If an infectious etiology is considered, a trial of antibiotics is indicated for 2 weeks. Typically, appropriate doses of Augmentin or Clindamycin is given. If the patient has a newly positive TB test, refer to the TB Referral Guideline for initial management.

Ongoing Management and Objectives:

The goal of ongoing management is to document resolution of the mass with treatment.

Indications for Specialty Care Referral:

Patients with a neck mass should be referred to Otolaryngology for the following:

- A neck mass that persists without improvement for greater than 2 weeks duration despite initial therapy.
- Any suspicion of malignancy.
- Evidence of rapid growth, airway compromise, dysphagia, hoarseness, or globus.
- Progression of disease despite therapy.

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

