

# Neck mass, goiter, thyroid disease

## (February 2017)

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### Rationale

The majority of neck masses are benign, but it is important to distinguish those rare ones which are malignant.

### Causal Conditions

(list not exhaustive)

- Benign
  - a. Congenital (e.g., thyroglossal duct cyst)
  - b. Inflammatory (e.g., reactive lymph nodes)
  - c. Neoplasms (e.g., lipomas)
- Malignant
  - a. Thyroid
  - b. Non-thyroid head and neck cancers
  - c. Lymphoma

### Key Objectives

Given a patient with a neck mass, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. Particular attention should be paid to excluding malignancy.

### Enabling Objectives

Given a patient with a neck mass, the candidate will

- list and interpret critical clinical findings, including

- a. an appropriate history and physical examination, paying particular attention to;
  - risk factors predisposing to malignancy (e.g., smoking);
  - time course;
  - presence of pain, swallowing or systemic symptoms;
  - signs or symptoms of thyroid dysfunction;
- list and interpret critical investigations, including
  - a. recognition that no investigation may be necessary;
  - b. investigation of thyroid function;
  - c. diagnostic imaging;
- construct an effective initial management plan, including
  - a. reassurance and appropriate follow-up for a suspected benign lesion;
  - b. appropriate medical management (e.g., thyroid supplementation, antibiotics);
  - c. referral for specialized care (e.g., fine needle aspiration), if necessary.