

Neck mass, goiter, thyroid disease

(February 2017)

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.