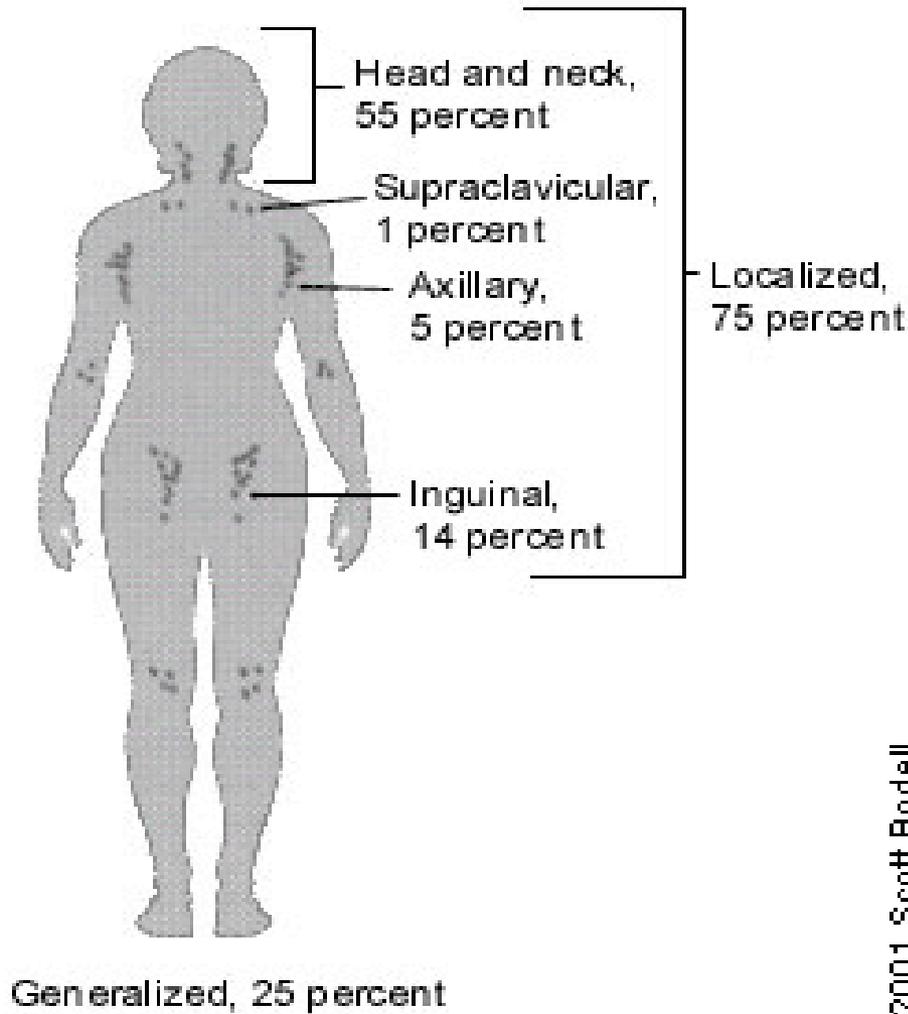


CERVICAL LAP

Prof. Nader Albsoul



The body has approximately 600 lymph nodes, ●
but only those in the submandibular, axillary
or inguinal regions may normally be palpable
in healthy people.¹

Lymphadenopathy refers to nodes that are ●
abnormal in either size, consistency or
number.

There are various classifications of lymphadenopathy, but a simple and clinically useful system is to classify lymphadenopathy as "generalized" if lymph nodes are enlarged in two or more noncontiguous areas or "localized" if only one area is involved •

Epidemiology

one study¹ provides reliable population-based estimates. Findings from this Dutch study revealed a 0.6 percent annual incidence of unexplained lymphadenopathy in the general population. Of 2,556 patients in the study who presented with unexplained lymphadenopathy to their family physicians, 256 (10 percent) were referred to a subspecialist and 82 (3.2 percent) required a biopsy, but only 29 (1.1 percent) had a malignancy. ●

RISK FX FOR MALIGNANCY

Age •

Firm, hard & painless •

Fixed nodal character •

Duration •

Supraclavicular location •

Age

Lymph nodes are palpable as early as the neonatal period, and a majority of healthy children have palpable cervical, inguinal, and axillary adenopathy.¹ ●

The vast majority of cases of lymphadenopathy in children is infectious or benign in etiology.²

In one series³ of 628 patients undergoing nodal biopsy, benign or self-limited causes were found in 79 percent of patients younger than 30 years of age, versus 59 percent in patients 31 to 50 years of age and 39 percent in those older than 50 years. ●

Duration

Lymphadenopathy that lasts less than two weeks or more than one year with no progressive size increase has a very low likelihood of being neoplastic.¹ ●

The rare exceptions to the latter include low-grade Hodgkin's and non-Hodgkin's lymphomas and, occasionally, chronic lymphocytic leukemia. ●

Preauricular nodes:

Drain scalp, skin

Differential diagnosis:

Scalp infections,
mycobacterial infection

Malignancies:

Skin neoplasm, lymphomas,
head and neck squamous
cell carcinomas

Posterior cervical nodes:

Drain scalp, neck, upper
thoracic skin

Differential diagnosis:

Same as preauricular nodes

Supraclavicular nodes:

Drain gastrointestinal tract,
genitourinary tract, pulmonary

Differential diagnosis:

Abdominal/thoracic neoplasms, thyroid/laryngeal
disease, mycobacterial/fungal infections

Submandibular nodes:

Drain oral cavity

Differential diagnosis:

Mononucleosis, upper
respiratory viral/bacterial infection,
mycobacterial infection,
toxoplasma, cytomegalovirus,
dental disease, rubella

Malignancies:

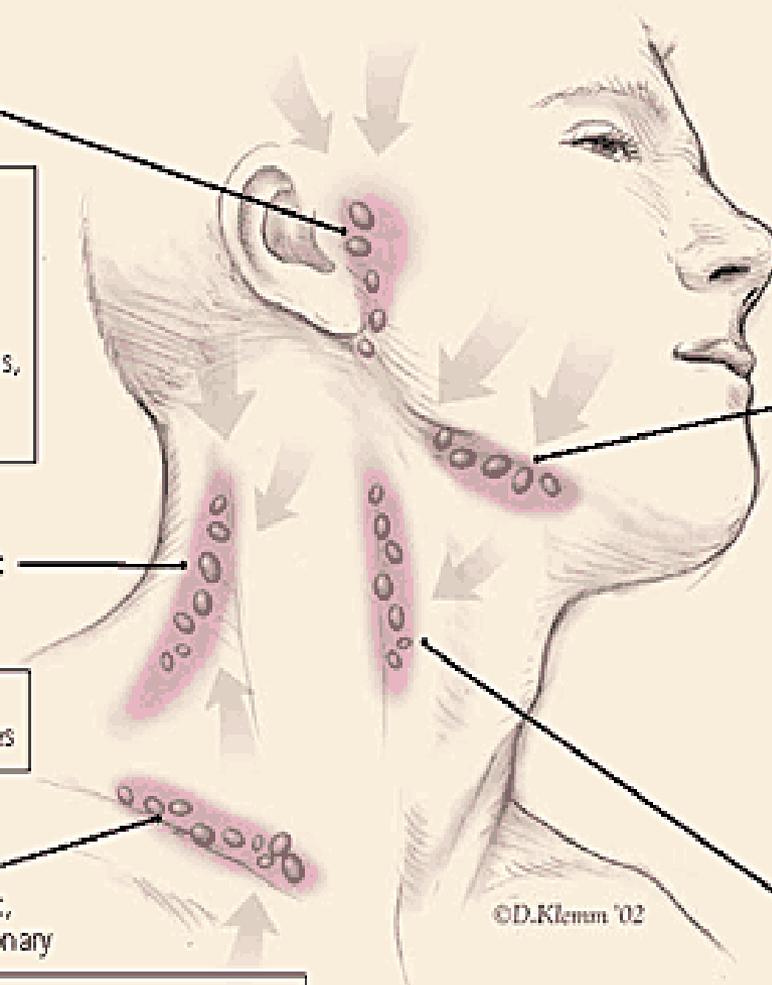
Squamous cell carcinoma of the
head and neck, lymphomas,
leukemias

Anterior cervical nodes:

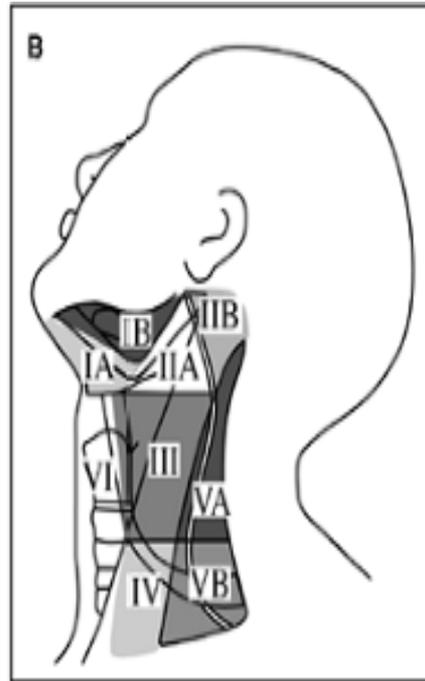
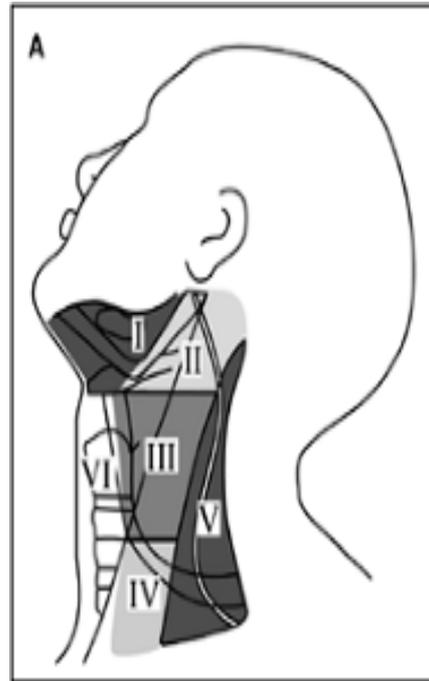
Drain larynx, tongue,
oropharynx, anterior neck

Differential diagnosis:

Same as submandibular nodes



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THYROID DISEASE

Inflammatory •

Acute

*Suppurative •

*Nonsuppurative •

Chronic

*Hashimoto's •

*Subacute de Quervain pain fever thy swelling Treat
steroids •

*Riedel's Thyroiditis compression of the trachea
esoph. Rec laryng nrv***treat thyroxin Surg to relive
compression •

Grave's Disease

Goiter +Thyrotoxicosis

Exophthalmos

Pretibial myxedema

Diagnosis

Radioiodine uptake

*Treatment *antithyroid drugs*

**Radioactive iodine*

**Surgery*

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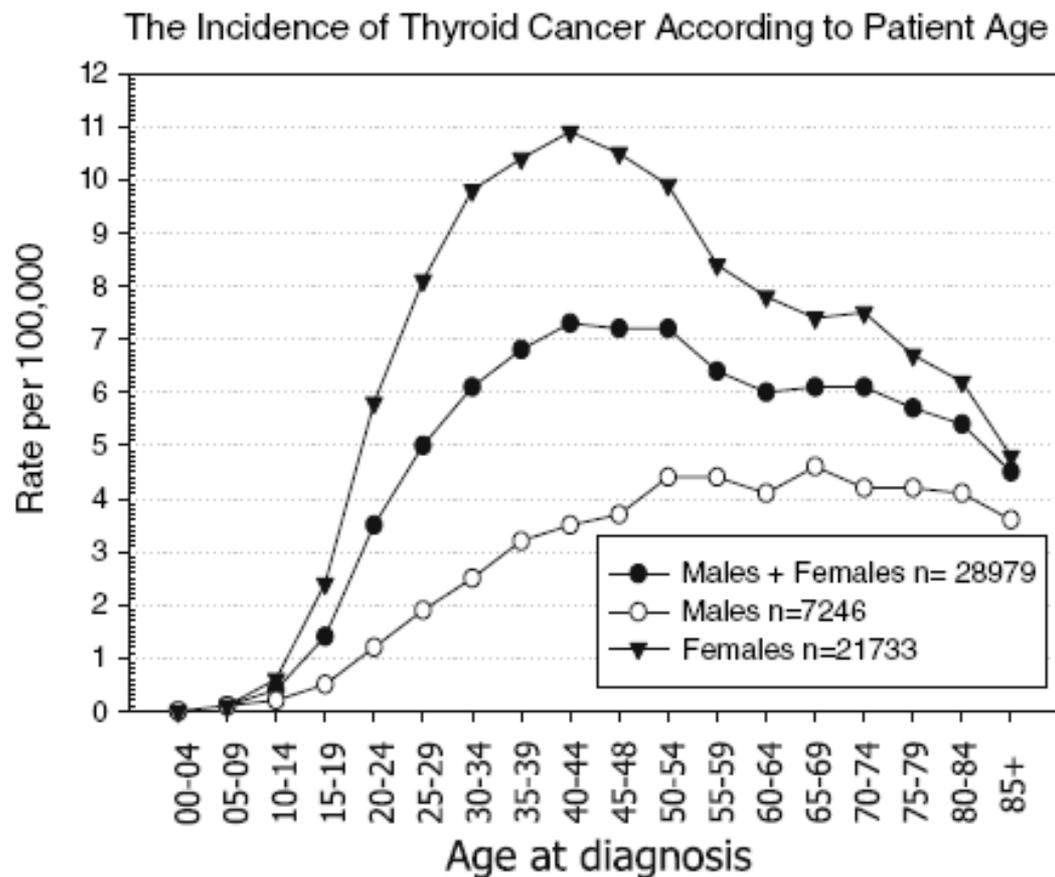


Figure 1.1 Age at which thyroid cancer was identified in 28979 persons in the United States between 1973 and 2001. The peak age at the time of diagnosis in women is between ages 40 and 44 years and in men between 65 and 69 years. (Figures 1.1, 1.2, and 1.4 are drawn from data in the Surveillance, Epidemiology, and End Results (SEER) Public Use Program [3], patients with thyroid cancer, single primary, and histologically confirmed.)

Table 1.1 Distribution of histologic tumor types and deaths due to thyroid cancer among 53 856 patients treated between 1985 and 1995 in the USA

Type of tumor	Percent of all thyroid cancers	10-year relative survival	Cancer deaths (<i>n</i>)	Deaths due tumor type b (%)
Papillary	80%	93%	2988	53%
Follicular	11%	85%	1015	18%
Hürthle	3%	76%	380	7%
Medullary	4%	75%	482	9%
Anaplastic	2%	14%	768	14%

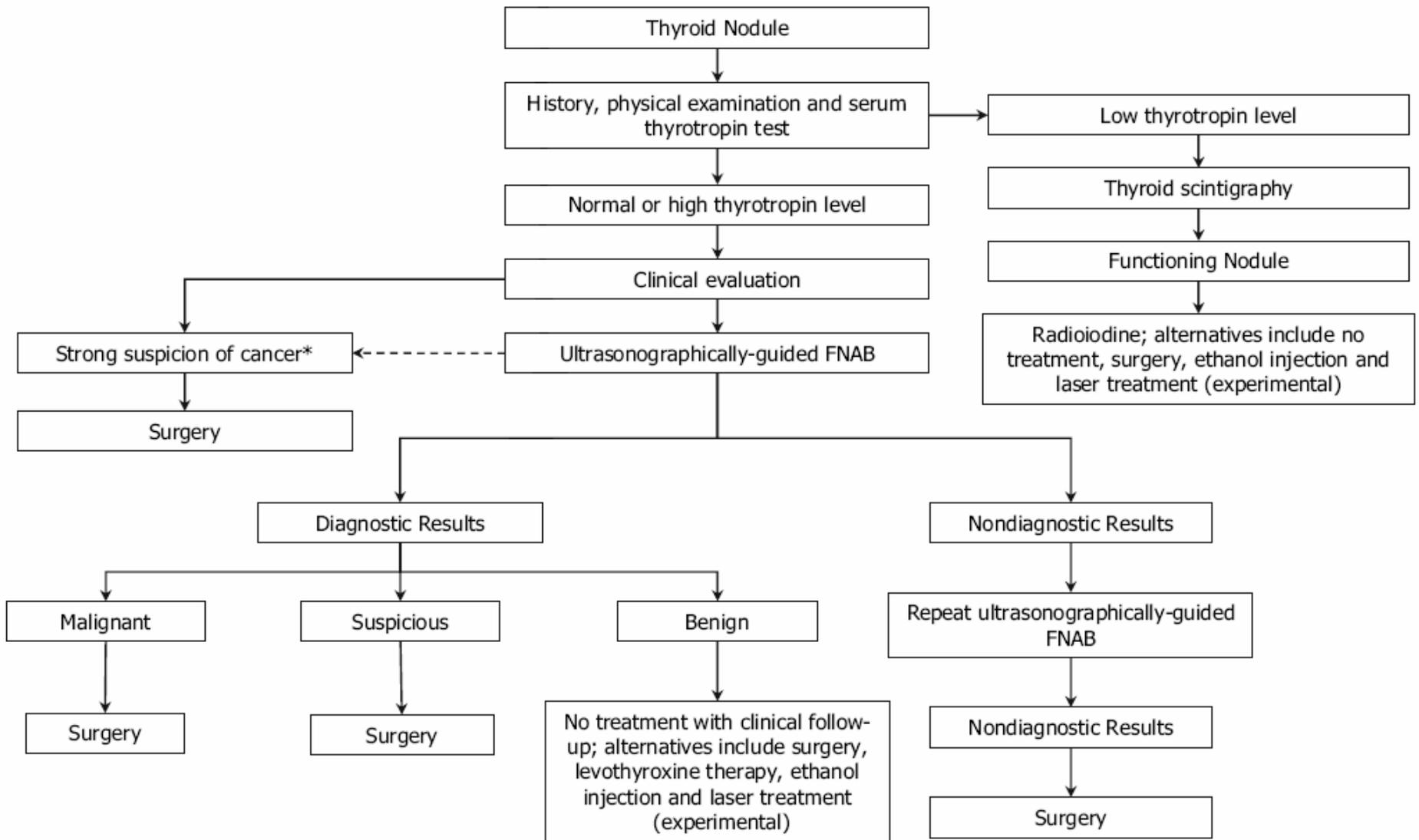


Figure 1.8 Algorithm for the cost-effective evaluation and treatment of a patient with a thyroid nodule. (From Hegedus L. Clinical practice. The thyroid nodule. *N Engl J Med* 2004;351(17):1764–1771. Copyright © 2004 Massachusetts Medical Society. All rights reserved.) * In the original algorithm, FNA is not suggested for patients with strong suspicion of cancer; however, in our clinic we perform this procedure even in patients we are certain have thyroid cancer.