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Study Of Incidence Of Various Benign And Malignant Lesions Of The Neck.

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ABSTRACT

Masses in the neck show a wide range of origin and can be congenital or acquired, inflammatory, vascular or neoplastic. Mostly benign, neck masses can be malignant sometimes and may occasionally lead to fatal complications like airway compression, vascular compromise and metastatic spread of the lesion. A total of 100 patients with neck masses attending ENT department of SVS Medical college/Hospital were studied. Clinical evaluation of the patient was done by proper history taking and clinical examination. Pathological evaluation was done by FNAC and Excisional biopsy. In the present study of 100 cases FNAC report shows 83 cases as benign, 13 cases as malignant and 4 cases as suspicious. In the present study of 100 cases HPE report shows 84 cases as benign, 16 cases as malignant. In the present study of 100 cases FNAC report shows 83 cases as benign, 13 cases as malignant and 4 cases as suspicious.

Keywords: Neck masses, FNAC, Clinical evaluation

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INTRODUCTION

Masses in the neck show a wide range of origin and can be congenital or acquired, inflammatory, vascular or neoplastic [1,2]. Mostly benign, neck masses can be malignant sometimes and may occasionally lead to fatal complications like airway compression, vascular compromise and metastatic spread of the lesion. The commonly presenting neck masses occur within lymph nodes, thyroid, and salivary glands. Other less common pathologies presenting as neck masses are thyroglossal cysts, branchial cleft cysts, carotid body tumours, cystic hygromas, pharyngeal pouch abnormalities and lumps of skin appendages [3].

Fine needle aspiration cytology (FNAC) is one of the most valuable tests in the initial assessment of the patient who presents with a mass in the neck region or where a recurrence is suspected after previous treatment. FNAC is simple, quick and low cost method and is usually performed on the OPD basis [4, 5]. Masses located within the region of head and neck including lymph nodes, salivary glands and thyroid masses can be readily diagnosed using this technique [6, 7]. It causes minimal trauma to the patient and carries virtually no risk of complications and has an excellent patient compliance. The neck masses account for almost one half of all body sites aspirated.

METHODOLOGY

Prospective study was carried out in the Department of ENT, SVS Medical College and Hospital, Mahbubnagar, Telangana from 1st November 2016 to 31st October 2018.

A total of 100 patients with neck masses attending ENT department of SVS Medical college/Hospital were studied. Clinical evaluation of the patient was done by proper history taking and clinical examination. Pathological evaluation was done by FNAC and Excisional biopsy.

Inclusion criteria

- All patients who presented clinically with palpable neck masses in ENT OPD and getting admitted for the same.
- Those willing to undergo FNAC and Excisional biopsy
- Those willing to give consent, enroll and abide by the study protocol

Exclusion criteria

- Patients not willing to undergo FNAC and Excisional biopsy
- Patients not willing to give consent for the study.

This study was carried out in the department of ENT, SVS Medical College & Hospital, Mahbubnagar. A total of 100 cases of neck masses were studied, FNAC and Excisional biopsy was done in all the cases and following were the observations noted.

RESULTS

Table 1: Showing clinical diagnosis, FNAC reports, HPE reports of the patients studied

Type of swelling	Clinical Diagnosis		FNAC		HPE	
	No	%	No	%	No	%
Thyroid Swelling						
• Hashimoto's Thyroiditis	-	-	5	5.00	6	6.00
• Colloid goitre	12	12.00	16	16.00	11	11.00
• Colloid goitre with cystic change	-	-	2	2.00	3	3.00
• Nodular colloid goitre	-	-	-	-	1	1.00
• Papillary carcinoma	-	-	7	7.00	8	8.00

• Adenoma Thyroid	8	8.00	-	-	-	-
• Follicular neoplasm	-	-	4	4.00	-	-
• Follicular adenoma	-	-	-	-	6	6.00
• Follicular Carcinoma	-	-	-	-	1	1.00
• Multinodular goitre	19	19.00	-	-	7	7.00
• Nodular goitre	-	-	9	9.00	2	2.00
• Solitary thyroid nodule	10	10.00	-	-	-	-
• Benign cystic lesion	-	-	3	3.00	2	2.00
• Adenomatoid goiter	-	-	3	3.00	2	2.00
Salivary gland						
• Chronic sialadenitis	4	4.00	1	1.00	1	1.00
• Pleomorphic adenoma of parotid	3	3.00	3	3.00	3	3.00
• Sialdenosis	-	-	1	1.00	-	-
• Adenocystic carcinoma	-	-	2	2.00	3	3.00
Lymph nodes						
• TB lymphadenitis	27	27.00	19	19.00	24	24.00
• Malignant metastasis	2	2.00	2	2.00	2	2.00
• Reactive lymphadenitis	-	-	9	9.00	8	8.00
• Hodgkin's lymphoma	-	-	-	-	1	1.00
• Non-Hodgkin's lymphoma	1	1.00	2	2.00	1	1.00
• Chronic lymphadenitis	10	10.00	8	8.00	4	4.00
Others						
• Lipoma	2	2.00	2	2.00	2	2.00
• Thyroglossal cyst	2	2.00	2	2.00	2	2.00
Total	100	100.00	100	100.00	100	100.00

Table 2: Type of lesion on FNAC

Type	No	Percentage
Benign	83	83.00
Malignant	13	13.00
Suspicious	4	4.00
TOTAL	100	100.00

In the present study of 100 cases FNAC report shows 83 cases as benign , 13 cases as malignant and 4 cases as suspicious.

Table 3: Type of lesion on HPE

Type	No	Percentage
Benign	84	84.00
Malignant	16	16.00
Total	100	100.00

In the present study of 100 cases HPE report shows 84 cases as benign , 16 cases as malignant.

DISCUSSION

In our present study, of 100 cases FNAC report shows 83 cases as benign , 13 cases as malignant and 4 cases as suspicious. In the present study of 100 cases HPE report shows 84 cases as benign , 16 cases as malignant. In the present study of 100 cases FNAC report shows 83 cases as benign , 13 cases as malignant and 4 cases as suspicious.

In the study by Richard Schwarz et al [8] the sensitivity of FNAC for salivary gland masses was 94%, for metastatic carcinoma was 92% and for lymphoma was 100%. In the study by James Edward M et al¹⁹

overall sensitivity of FNAC was 94.5% , the sensitivity for thyroid masses was 95% and for salivary gland masses was 95%.

In the present study sensitivity and specificity of FNAC for thyroid masses are 77.78% and 97.5% respectively.

In the present study sensitivity and specificity of FNAC for lymph node masses are 75% and 97.22% respectively. In the present study sensitivity and specificity of FNAC for salivary gland masses are 66.61% and 100% respectively.

In the study by S Soni et al [9] sensitivity and specificity of FNAC for thyroid swellings were 64.28% and 83.3% respectively. In the study by S Soni et al [9] sensitivity and specificity of FNAC for lymph node masses were 82.14% and 71.2% respectively. In the study by S Soni et al [9] sensitivity and specificity of FNAC for salivary gland masses were 67.5% and 100% respectively. In the study by Howlett DC et al [10] sensitivity and specificity of FNAC for thyroid swellings were 62% and 86% respectively. In the study by Howlett DC et al [10] sensitivity and specificity of FNAC for lymph node masses were 75% and 97.14% respectively. In the study by Howlett DC et al [10] sensitivity and specificity of FNAC for salivary gland masses were 66.6% and 100% respectively.

The results of the present study are in concordance with the above studies.

CONCLUSION

In the present study of 100 cases FNAC report shows 83 cases as benign , 13 cases as malignant and 4 cases as suspicious. In the present study of 100 cases HPE report shows 84 cases as benign , 16 cases as malignant. In the present study of 100 cases FNAC report shows 83 cases as benign , 13 cases as malignant and 4 cases as suspicious.

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