



PATIENT INFORMATION

Frequently Asked Questions for Adults with a Neck Mass

QUESTION

What does it mean that I have a neck mass at increased risk for malignancy?

ANSWER

The mass in your neck may indicate a serious medical problem. It does not mean you have cancer, but it does mean you need more evaluation to make a diagnosis.

Common symptoms in patients with a neck mass at increased risk for malignancy include:

- The mass lasts longer than 2-3 weeks
- Voice change
- Trouble or pain with swallowing
- Trouble hearing or ear pain on the same side as the neck mass
- Sore throat
- Unexplained weight loss
- Fever over 101 degrees Fahrenheit

What do I do next?

Your provider will ask about medical history and examine your head and neck. Your provider may order tests or refer you to a specialist.

How urgently should I be evaluated?

Your provider will want to make sure you have a thorough evaluation, testing and follow-up within a short period of time. It is important you discuss this timeline with your provider and make sure there is a plan for follow-up after testing. It is important for you to follow this neck mass until it goes away or until you have a diagnosis.

SOURCE: Pynnonen, MA, Gillespie, MB, Rosenfeld RM, et al. Clinical Practice Guideline: Evaluation of the Neck Mass in Adult. *Otolaryngol Head Neck Surg.* 2017; 157(2 Suppl):S1-S30.



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

FOUNDATION

www.entnet.org

ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngology-head and neck surgeons to deliver the best patient care."



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What questions will my doctor ask?

ANSWER

- When did you first notice the lump? Has it grown?
- Have you had a recent illness?
- Do you have any trouble with eating, talking, swallowing, or hearing?
- Any sore spots in your mouth or throat?
- Do you have any sore or growing spots on your scalp, neck or face?
- Have you lost weight?
- Are citrus fruits or tomatoes painful to eat?
- Do you have ear pain or sore throats that don't go away?
- Has your voice been hoarse?
- Have you coughed up any blood?
- Do you currently smoke or do you have a smoking history? How much? How long?
- Do you drink alcohol? How much? How long?
- Do you have a history of head and neck cancer?
- Any radiation exposure to your head or neck?
- Do you have any family history of head and neck cancer?

How will the provider examine my mouth and throat?

The provider will look in your mouth and throat with a bright light. If you wear dentures, you will need to remove them. The provider may use gauze to hold your tongue and feel the surfaces of the mouth, tongue, tonsils or the back of your tongue.

The provider may use a small mirror in your mouth to see the voice box. If a 'scope' is needed, the provider may first numb the nose and throat. The provider will then place a small tube in your nose and use a camera to examine your throat. You may have mild discomfort.

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What is a Computerized Tomography (CT) scan?

A CT scan is a series of x-rays that give more detail than regular x-rays. CT scan pictures show soft tissue and bones. The CT machine looks like a large donut that your head, neck and chest will go through. You will need an IV—that is, a needle inserted into a vein—for contrast to enhance the pictures.

Risks include:

- Contrast allergy
- Discomfort with IV placement
- Patients with claustrophobia have minimal anxiety during this brief scan (3-5 minutes).
- A CT scan uses radiation—about as much as 150 chest x-rays.

What is a Magnetic Resonance Imaging (MRI) scan?

An MRI scan creates pictures of the soft tissue but not the bones. An MRI does not use radiation; it uses very strong magnets. The MRI machine looks like a narrow tube that your head, neck, and chest will go inside. You will need an IV for contrast to enhance the pictures. If you have any metal or implants in your body, you may not be able to have an MRI. You must discuss this with your provider.

Risks include:

- IV contrast allergy
- Discomfort with IV placement
- Patients with claustrophobia may be very anxious with this lengthy scan (45-60 minutes). Tell your provider if you are claustrophobic. They may provide a sedative pill.

What is a Fine Needle Aspiration (FNA)?

An FNA uses a small needle stuck into the mass to get a tissue sample.

Risks include:

- Discomfort from needle stick
- Infection
- Bruising
- Bleeding
- Not enough tissue for a diagnosis—repeat procedure

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