



## A Huge Cystic Neck Mass in an Elderly Patient

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An 80 year old man was hospitalized in our department with a 6 month history of a gradually enlarging painless left neck mass. The mass was associated with hoarseness, but with no stridor or shortness of breath. His past medical history was significant for ischemic heart disease, vitamin B12 deficiency and dementia.

Physical examination revealed a huge cystic mass occupying the left side of the neck, with no tenderness or signs of inflammation. Fiber-optic laryngoscopy revealed left vocal cord paralysis with a narrowed glottic passage. Otherwise, the physical examination was normal. Fine-needle aspiration from the mass showed inflammatory cells with unrecognized atypical cells. Computerized tomography scan with contrast material revealed a large cystic neck mass compressing and displacing the larynx and trachea to the right, with no sharp borders in its medial margin [Figure]

When evaluating a patient with a neck mass, the physician should take into account factors such as the patient's age, the location of the mass, specific historic aspects, findings of the physical examination, imaging studies, and cytologic results. The differential diagnosis of cystic neck lesions covers a broad spectrum of diseases. Any neck mass in a patient older than 40 years has to be regarded as neoplastic and possibly malignant, with less emphasis on inflam-

matory masses and even less emphasis on congenital masses.

Primary malignant tumors of the head and neck may metastasize to the neck. Some tumors (such as nasopharyngeal carcinoma) frequently present by the appearance of a cervical lump. Benign and malignant thyroid neoplasms are the most common causes of anterior neck masses, with a greater incidence of benign lesions and a female predominance. Carotid body tumors or glomus tumors, as well as schwannomas are benign, less common neoplasms of the cervical region.

As a general rule, a malignant tumor (with the exception of a lymphoma) found in a cervical mass is metastatic until proven otherwise. In rare occasions the primary tumor remains unknown. In a patient with a neck mass in whom the routine physical examination of the head and neck is negative, a second thorough survey under general anesthesia should be performed. Fine-needle aspiration or an excisional biopsy from a suspected cervical lesion is recommended for accurate diagnosis and for further programming of the treatment.



Axial CT scan of the neck with contrast material, showing a huge cystic lesion occupying the left side of the neck (asterisk). The larynx is displaced to the right (curved arrow) over the right great blood vessels (straight white arrow). The great blood vessels on the left side are compressed by the mass (gray arrow).

Unfortunately in our case, the patient died due to cardiorespiratory arrest before a surgical procedure could be carried out.

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*What is there more kindly than the feeling between host and guest?*

*Aeshylus, Greek philosopher, 248 BC*