

NECK DISEASES

Clinical Surgery Ebook

High-yield neck lumps, infections, congenital lesions, malignancy, trauma, and postoperative care

Surgical Anatomy & Approach to Swellings • Congenital Neck Lesions
Infective & Tuberculous Disease • Cervical Lymphadenopathy & Malignancy
Vascular & Neural Lesions • Neck Trauma & Airway Emergencies
Neck Surgery & Complications • Clinical MCQ Bank

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A concise, examination-oriented text for medical students and surgical trainees, with high-yield clinical MCQs for viva and ward-based teaching

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Scope

A practical surgical overview of neck disease for medical students: clinical assessment, differential diagnosis, investigations, red flags, operative principles, and one-best-answer MCQs.

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Teaching Note

The emphasis is clinical reasoning: site, movement, consistency, age, red flags, imaging choice, biopsy strategy, and airway safety.

1. Surgical Anatomy and Clinical Landmarks

- The neck is assessed by triangles, fascial planes, lymph node levels, airway structures, vascular structures, and relationships to thyroid, salivary glands, pharynx, larynx, and oesophagus.
- The anterior triangle contains many midline and visceral causes of swelling: thyroid, thyroglossal duct cyst, lymph nodes, laryngocele, and inflammatory lesions.
- The posterior triangle contains lymph nodes, branchial lesions, cystic hygroma, vascular lesions, and structures vulnerable during biopsy or surgery, including spinal accessory nerve.
- A swelling moving with deglutition suggests thyroid or thyroglossal origin; movement with tongue protrusion strongly suggests thyroglossal duct cyst.
- Hoarseness, dysphagia, stridor, weight loss, rapid growth, fixation, and hard nodes are red flags that demand malignancy-conscious assessment.

2. Approach to Neck Swellings

- History should define age, duration, pain, infection, dental or throat symptoms, tuberculosis exposure, weight loss, night sweats, smoking, alcohol, radiation, voice change, dysphagia, and growth rate.
- Examination includes site, size, shape, tenderness, temperature, consistency, mobility, pulsation, transillumination, relation to swallowing and tongue protrusion, skin involvement, oral cavity, scalp, ear, nose, throat, thyroid, and complete lymph node survey.
- Ultrasound is useful for cystic versus solid lesions, thyroid and salivary origin, and guided cytology. CT or MRI defines deep extension, aerodigestive involvement, vascularity, and operative anatomy.
- Fine needle aspiration cytology is preferred for many adult neck masses. Open biopsy of a suspected metastatic node should be avoided until proper head and neck evaluation is complete.
- In adults, a persistent lateral neck mass is malignant until proved otherwise, especially with smoking history, hard nodes, or upper aerodigestive symptoms.

3. Congenital and Developmental Neck Lesions

- Thyroglossal duct cyst is a midline lesion that moves with swallowing and tongue protrusion. Infection can cause pain, redness, and discharge.
- The Sistrunk operation removes the cyst, tract, central hyoid segment, and tissue toward the foramen caecum, reducing recurrence compared with simple excision.
- Branchial cyst often presents as a lateral cystic swelling along the anterior border of sternocleidomastoid in young adults. In older adults, cystic nodal metastasis must be excluded.
- Cystic hygroma is a congenital lymphatic malformation, often soft, fluctuant, transilluminant, and found in the posterior triangle; extension into deep planes can complicate treatment.
- Dermoid cyst, plunging ranula, laryngocele, and ectopic thyroid are important differentials for midline or submandibular neck swelling.

4. Inflammatory, Infective, and Tuberculous Neck Disease

- Acute bacterial lymphadenitis presents with tender warm nodes, fever, and a source such as tonsillitis, dental infection, skin sepsis, or upper respiratory infection.
- Deep neck space infection causes fever, neck pain, trismus, dysphagia, odynophagia, drooling, toxic appearance, or airway symptoms and requires urgent airway-aware management.
- Tuberculous cervical lymphadenitis can present with matted nodes, cold abscess, sinus formation, constitutional symptoms, or isolated persistent lymphadenopathy.
- Investigation may include ultrasound-guided aspiration or biopsy for cytology, culture, acid-fast bacilli testing, and molecular tests according to local practice.
- Necrotising infection, descending mediastinitis, airway compromise, and sepsis are surgical emergencies needing resuscitation, antimicrobial treatment, imaging, and drainage where required.

5. Cervical Lymphadenopathy and Malignancy

- Reactive nodes are usually tender, mobile, and associated with infection. Persistent, hard, fixed, enlarging, or supraclavicular nodes require malignancy assessment.
- Metastatic squamous cell carcinoma in cervical nodes often arises from oral cavity, oropharynx, hypopharynx, larynx, nasopharynx, or skin. Complete mucosal examination is essential.
- Lymphoma commonly presents with rubbery, painless lymphadenopathy and systemic symptoms. Excision biopsy may be required when lymphoma is suspected because architecture matters.
- Supraclavicular lymphadenopathy can indicate thoracic or abdominal malignancy; left supraclavicular nodes have classic association with abdominal primary disease.
- Imaging, FNAC or core biopsy, endoscopy, and multidisciplinary planning guide treatment; blind excision of a metastatic node can compromise later management.

6. Thyroid, Parathyroid, and Salivary Gland Neck Disease

- Thyroid swellings move with swallowing and are assessed with thyroid function tests, ultrasound, cytology where indicated, and attention to compressive or malignant features.
- Parathyroid disease may present through biochemical hypercalcaemia, renal stones, bone pain, abdominal symptoms, neuropsychiatric symptoms, or incidental calcium abnormality rather than a visible neck mass.
- Parotid and submandibular gland masses require facial nerve assessment, oral cavity examination, duct inspection, and imaging when neoplasm or stone disease is suspected.
- Recurrent painful salivary swelling related to meals suggests obstructive sialolithiasis or duct stenosis. A painless firm salivary mass needs tumour assessment.
- Rapid growth, facial nerve palsy, skin fixation, pain, or cervical nodes in a salivary mass are suspicious for malignancy.

7. Vascular and Neural Lesions of the Neck

- Carotid body tumour presents as a slow-growing lateral neck mass at the carotid bifurcation, classically mobile side to side but less mobile vertically.
- Pulsatile mass, bruit, cranial nerve symptoms, or vascular displacement on imaging suggests vascular lesion; biopsy can be hazardous before vascular assessment.
- Neurogenic tumours such as schwannoma can present as slow-growing neck masses and may cause neurological symptoms depending on nerve of origin.
- Vagal schwannoma, sympathetic chain schwannoma, carotid aneurysm, and paraganglioma are key differentials for upper lateral neck masses.
- Cross-sectional imaging and angiographic assessment are important when vascular or parapharyngeal lesions are suspected.

8. Neck Trauma and Airway Emergencies

- Penetrating neck trauma is assessed by airway, breathing, circulation, neurological status, vascular injury, aerodigestive injury, and zone or no-zone anatomical strategy depending on local protocols.
- Hard signs such as active bleeding, expanding haematoma, shock, airway compromise, bubbling wound, massive haemoptysis, or neurological deficit require urgent surgical involvement.
- Blunt neck trauma can injure larynx, trachea, cervical spine, carotid vessels, or pharyngo-oesophageal structures. Hoarseness, stridor, subcutaneous emphysema, or dysphagia are concerning.
- Airway management in neck trauma is high risk; early senior anaesthetic and surgical planning is safer than delayed rescue in a deteriorating patient.
- Postoperative neck haematoma after thyroid, parathyroid, carotid, or neck dissection surgery is an airway emergency.

9. Neck Surgery: Principles and Complications

- Good neck surgery respects skin crease incisions, flap vascularity, lymphatic drainage, nerve preservation, haemostasis, airway safety, and clear oncological margins where relevant.
- Important nerves include marginal mandibular, hypoglossal, spinal accessory, vagus, recurrent laryngeal, superior laryngeal, phrenic, and sympathetic chain.
- Complications include bleeding, airway obstruction, chyle leak, nerve injury, wound infection, salivary fistula, seroma, hypocalcaemia after thyroid or parathyroid surgery, and shoulder dysfunction after accessory nerve injury.
- Chyle leak is suggested by milky drainage after left lower neck surgery and requires dietary, drainage, and sometimes operative management.
- Postoperative review must include airway, voice, swallowing, shoulder function, calcium symptoms when relevant, drain output, wound condition, and pathology follow-up.

10. Rapid Clinical Reasoning Tables

Pattern Recognition Table

Clinical pattern	Most likely reasoning step
Midline, moves with tongue protrusion	Thyroglossal duct cyst
Lateral cyst in young adult near SCM	Branchial cyst, but exclude cystic metastasis in older patients
Posterior triangle, transilluminant child lesion	Cystic hygroma
Hard fixed node in adult smoker	Metastatic squamous carcinoma until proved otherwise
Rubbery painless nodes with B symptoms	Lymphoma
Matted nodes, cold abscess, sinus	Tuberculous lymphadenitis
Meal-related submandibular pain	Sialolithiasis
Pulsatile mass with bruit	Vascular lesion; avoid biopsy before imaging
Postoperative neck swelling and stridor	Haematoma threatening airway

Red Flags in a Neck Mass

Red Flags in a Neck Mass

Age over 40 years with persistent lateral neck mass.
 Hard, fixed, rapidly enlarging, or supraclavicular lymph node.
 Hoarseness, dysphagia, stridor, otalgia, haemoptysis, or weight loss.
 Facial nerve palsy with parotid swelling.
 Pulsation or bruit suggesting vascular lesion.
 Airway symptoms, sepsis, or expanding haematoma.

11. Clinical MCQ Bank and Answer Key

Instruction

Choose the single best answer. Questions focus on clinical features, examination findings, investigations, emergency decision-making, and postoperative complications.

Q1. A 22-year-old woman has a painless midline neck swelling that moves with swallowing and rises when she protrudes her tongue. Ultrasound shows a cystic tract near the hyoid bone and normal thyroid tissue. What is the most likely diagnosis?

- A. Branchial cyst
- B. Dermoid cyst
- C. Laryngocele
- D. Thyroglossal duct cyst
- E. Tuberculous node

Answer: D — Thyroglossal duct cyst

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q2. A 24-year-old man has a soft fluctuant swelling along the anterior border of sternocleidomastoid. It has enlarged after an upper respiratory infection. Ultrasound shows a lateral cystic lesion. There are no suspicious mucosal findings. What is the most likely diagnosis?

- A. Branchial cyst
- B. Carotid body tumour
- C. Cystic hygroma
- D. Parotid tumour
- E. Thyroglossal cyst

Answer: A — Branchial cyst

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q3. A 58-year-old smoker presents with a firm enlarging lateral neck node and dysphagia. Oral examination shows an ulcer at the lateral tongue. FNAC from the node shows squamous carcinoma. What is the most likely diagnosis?

- A. Branchial cyst
- B. Lymphoma
- C. Metastatic cervical node
- D. Reactive lymphadenitis
- E. Tuberculous lymphadenitis

Answer: C — Metastatic cervical node

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q4. A 35-year-old woman has painless rubbery cervical lymphadenopathy, night sweats, and weight loss. FNAC is inconclusive. Examination shows multiple nodes without oral lesion. Which investigation is most appropriate to establish architecture-based diagnosis?

- A. Excision biopsy of a node
- B. Plain neck radiograph
- C. Serum amylase
- D. Thyroid function test
- E. Urine microscopy

Answer: A — Excision biopsy of a node

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q5. A 6-year-old child has a soft compressible posterior triangle swelling present since infancy. It brilliantly transilluminates and extends into deep tissue planes on ultrasound. What is the most likely diagnosis?

- A. Branchial cyst
- B. Cystic hygroma
- C. Dermoid cyst
- D. Laryngocele
- E. Sebaceous cyst

Answer: B — Cystic hygroma

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q6. A 45-year-old man has a lateral neck mass at the carotid bifurcation. It is mobile side-to-side but not vertically. There is a bruit and imaging shows splaying of carotid vessels. What is the most likely diagnosis?

- A. Carotid body tumour
- B. Cold thyroid nodule
- C. Lipoma
- D. Submandibular stone
- E. Thyroglossal cyst

Answer: A — Carotid body tumour

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q7. A 30-year-old woman has recurrent painful swelling below the mandible during meals. Examination shows tender submandibular gland and pus from the duct. Ultrasound shows a duct stone. What is the most likely diagnosis?

- A. Branchial cyst
- B. Lymphoma
- C. Metastatic node
- D. Sialolithiasis
- E. Thyroiditis

Answer: D — Sialolithiasis

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q8. A 62-year-old man has a hard parotid mass with facial weakness and overlying skin fixation. Cervical nodes are palpable. What feature most strongly suggests malignant salivary disease?

- A. Facial nerve palsy
- B. Meal-related pain
- C. Mobile smooth swelling
- D. Soft fluctuant texture
- E. Transillumination

Answer: A — Facial nerve palsy

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q9. A 19-year-old man has fever, sore throat, and tender upper cervical nodes for three days. Nodes are mobile and warm. He has no weight loss, fixation, or supraclavicular nodes. What is the most likely diagnosis?

- A. Acute reactive lymphadenitis
- B. Carotid aneurysm
- C. Lymphoma
- D. Metastatic carcinoma
- E. Thyroid carcinoma

Answer: A — Acute reactive lymphadenitis

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q10. A 40-year-old woman has matted cervical nodes, low-grade fever, night sweats, and a small discharging sinus. Ultrasound shows necrotic nodes. Aspirate is sent for acid-fast bacilli and culture. What is the most likely diagnosis?

- A. Branchial cyst
- B. Carotid body tumour
- C. Hodgkin lymphoma
- D. Tuberculous lymphadenitis
- E. Vagal schwannoma

Answer: D — Tuberculous lymphadenitis

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q11. A 54-year-old man develops fever, neck pain, trismus, dysphagia, and toxic appearance after dental infection. CT shows a deep neck space collection. What is the most appropriate management principle?

- A. Antibiotics and drainage with airway vigilance
- B. Elective thyroid lobectomy
- C. Observation without imaging
- D. Rubber band ligation
- E. Sistrunk operation

Answer: A — Antibiotics and drainage with airway vigilance

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q12. A 27-year-old woman has a midline submental swelling that does not move with tongue protrusion. It is doughy, slow growing, and superficial. Ultrasound shows a well-defined cystic lesion separate from thyroid. What is the most likely diagnosis?

- A. Branchial cyst
- B. Dermoid cyst
- C. Metastatic node
- D. Parotid tumour
- E. Thyroglossal duct cyst

Answer: B — Dermoid cyst

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q13. A 61-year-old man has hoarseness, stridor, subcutaneous emphysema, and anterior neck tenderness after blunt trauma. Cervical spine precautions are maintained. What structure is most concerning for injury?

- A. Larynx or trachea
- B. Parotid duct only
- C. Submandibular gland only
- D. Thyroglossal tract
- E. Tonsillar crypt

Answer: A — Larynx or trachea

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q14. A 44-year-old woman develops sudden neck swelling, stridor, and respiratory distress six hours after thyroidectomy. The wound is tense and bruised. What is the immediate priority?

- A. Immediate wound decompression and airway support
- B. Oral calcium only
- C. Routine outpatient review
- D. Serum TSH only
- E. Warm compresses

Answer: A — Immediate wound decompression and airway support

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q15. A 50-year-old woman develops milky high-volume drainage after left neck dissection for metastatic nodes. She is otherwise stable. What is the most likely complication?

- A. Chyle leak
- B. Hypocalcaemia
- C. Parotid fistula
- D. Recurrent laryngeal palsy
- E. Wound cellulitis

Answer: A — Chyle leak

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q16. A 47-year-old man has shoulder droop and difficulty abducting the arm after posterior triangle lymph node biopsy. The wound is healed and no mass remains. Which nerve was most likely injured?

- A. Hypoglossal nerve
- B. Marginal mandibular nerve
- C. Phrenic nerve
- D. Spinal accessory nerve
- E. Vagus nerve

Answer: D — Spinal accessory nerve

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q17. A 33-year-old woman has a thyroid swelling that moves with swallowing. TSH is normal and ultrasound shows a suspicious solid nodule. Which investigation best guides initial cytological diagnosis?

- A. Fine needle aspiration cytology
- B. Laryngoscopy only
- C. Serum lipase
- D. Sialography
- E. Urine culture

Answer: A — Fine needle aspiration cytology

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q18. A 29-year-old woman has hypercalcaemia, renal stones, constipation, and bone pain. No obvious neck mass is felt. Parathyroid hormone is elevated. What is the most likely diagnosis?

- A. Branchial cyst
- B. Parathyroid adenoma
- C. Reactive lymphadenitis
- D. Submandibular abscess
- E. Thyroglossal cyst

Answer: B — Parathyroid adenoma

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q19. A 70-year-old man has a hard left supraclavicular node, weight loss, and epigastric discomfort. Oral and skin examination are unremarkable. What is the most important clinical implication?

- A. Possible abdominal or thoracic malignancy
- B. Simple branchial anomaly
- C. Thyroglossal infection
- D. Uncomplicated dental abscess
- E. Viral lymphadenitis

Answer: A — Possible abdominal or thoracic malignancy

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q20. A 36-year-old woman has a soft swelling in the floor of mouth extending into the submandibular triangle. It is bluish intraorally and fluctuant. What is the most likely diagnosis?

- A. Branchial cyst
- B. Carotid body tumour
- C. Plunging ranula
- D. Thyroid nodule
- E. Tuberculous node

Answer: C — Plunging ranula

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q21. A 28-year-old man has a neck swelling that enlarges with coughing and Valsalva. He also has intermittent hoarseness. Imaging shows an air-filled sac connected with the laryngeal ventricle. What is the most likely diagnosis?

- A. Branchial cyst
- B. Dermoid cyst
- C. Laryngocele
- D. Lipoma
- E. Thyroglossal cyst

Answer: C — Laryngocele

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q22. A 52-year-old man has penetrating neck injury with active bleeding, expanding haematoma, and airway distress. He is hypotensive. What is the best immediate management principle?

- A. Emergency surgical and airway control
- B. Delayed outpatient ultrasound
- C. Fine needle aspiration
- D. Oral antibiotics only
- E. Sistrunk operation

Answer: A — Emergency surgical and airway control

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q23. A 49-year-old man has a slowly enlarging upper lateral neck mass with vagal symptoms. MRI suggests a well-circumscribed neurogenic tumour in the carotid sheath. What is the most likely diagnosis?

- A. Branchial cyst
- B. Metastatic node
- C. Submandibular stone
- D. Vagal schwannoma
- E. Viral lymphadenitis

Answer: D — Vagal schwannoma

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q24. A 57-year-old man has a persistent cystic lateral neck mass. He is a smoker and has mild throat discomfort. Initial aspiration yields cystic fluid. What diagnosis must be excluded before calling it congenital?

- A. Cystic nodal metastasis
- B. Dermoid cyst
- C. Ectopic thymus
- D. Lipoma
- E. Simple sebaceous cyst

Answer: A — Cystic nodal metastasis

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q25. A 31-year-old woman has a recurrent infected midline neck cyst after simple excision elsewhere. It moves with tongue protrusion. Which operation best reduces recurrence?

- A. Branchial cleft excision
- B. Modified radical neck dissection
- C. Parotidectomy
- D. Sistrunk operation
- E. Submandibular gland excision

Answer: D — Sistrunk operation

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q26. A 64-year-old man with oral cavity carcinoma undergoes neck dissection. Postoperatively his tongue deviates to the operated side on protrusion. Which nerve is most likely injured?

- A. Facial nerve
- B. Glossopharyngeal nerve
- C. Hypoglossal nerve
- D. Phrenic nerve
- E. Spinal accessory nerve

Answer: C — Hypoglossal nerve

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q27. A 48-year-old woman after thyroid surgery has perioral tingling, cramps, and carpopedal spasm. Calcium is low. What is the most likely cause?

- A. Hypocalcaemia from parathyroid dysfunction
- B. Lymphoma
- C. Marginal mandibular palsy
- D. Salivary fistula
- E. Wound seroma

Answer: A — Hypocalcaemia from parathyroid dysfunction

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q28. A 23-year-old man has painful swelling below the angle of mandible and fever after tonsillitis. Examination shows tender jugulodigastric node. No red flags are present. What is the likely nodal group involved?

- A. Jugulodigastric lymph node
- B. Occipital lymph node
- C. Preauricular lymph node
- D. Submental lymph node
- E. Supraclavicular lymph node

Answer: A — Jugulodigastric lymph node

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q29. A 66-year-old man presents with painless neck node, otalgia, and a normal oral cavity examination. Flexible nasoendoscopy reveals a hypopharyngeal lesion. What is the most likely source of the node?

- A. Aerodigestive tract squamous carcinoma
- B. Benign dermoid cyst
- C. Dental abscess
- D. Parathyroid adenoma
- E. Thyroglossal tract

Answer: A — Aerodigestive tract squamous carcinoma

Source: *Bailey & Love's Short Practice of Surgery*, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Q30. A 42-year-old woman has a pulsatile lateral neck swelling. A junior suggests aspiration for diagnosis. Examination reveals bruit and imaging is not yet done. What is the safest next step?

- A. Avoid biopsy and obtain vascular imaging
- B. Aspirate immediately
- C. Excise under local anaesthesia
- D. Incise and drain
- E. Start thyroxine

Answer: A — Avoid biopsy and obtain vascular imaging

Source: Bailey & Love's Short Practice of Surgery, relevant chapters on neck, thyroid, salivary glands, trauma, and head and neck surgery.

Answer Key

1. D — Thyroglossal duct cyst	11. A — Antibiotics and drainage with airway vigilance	21. C — Laryngocele
2. A — Branchial cyst	12. B — Dermoid cyst	22. A — Emergency surgical and airway control
3. C — Metastatic cervical node	13. A — Larynx or trachea	23. D — Vagal schwannoma
4. A — Excision biopsy of a node	14. A — Immediate wound decompression and airway support	24. A — Cystic nodal metastasis
5. B — Cystic hygroma	15. A — Chyle leak	25. D — Sistrunk operation
6. A — Carotid body tumour	16. D — Spinal accessory nerve	26. C — Hypoglossal nerve
7. D — Sialolithiasis	17. A — Fine needle aspiration cytology	27. A — Hypocalcaemia from parathyroid dysfunction
8. A — Facial nerve palsy	18. B — Parathyroid adenoma	28. A — Jugulodigastric lymph node
9. A — Acute reactive lymphadenitis	19. A — Possible abdominal or thoracic malignancy	29. A — Aerodigestive tract squamous carcinoma
10. D — Tuberculous lymphadenitis	20. C — Plunging ranula	30. A — Avoid biopsy and obtain vascular imaging

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