“A clinic – pathological study of neck swelling excluding thyroid” is a prospective study of 100 cases. The study was conducted with an objective to know the various etiological factors and clinical factors and clinical presentation of the neck swelling and also to correlate the clinical diagnosis with FNAC and histopathological reports.

METHODS:

The study was conducted in J.S.S. Hospital Mysore during study period i.e. from August 2005 to 2007. 100 patients with neck swellings exclusion criteria were included in this study. After a detail history and clinical examination of neck swellings, patient were subjected for FNAC to confirm the diagnosis. Biopsy of the lymph node was performed when FNAC either negative or doubtful to confirm the diagnosis by histoathological examination. The Age/Sex distribution, clinical presentation, the investigations, the treatment modalities, complications were all evaluated and compared with standard literature.

RESULTS:

A total 100 patients were enlisted in this study, tubercular cervical lymphadenitis accounted for 55%. Maximum distribution was observed in the age group of 1-20 year (41.8%) followed by 21-04(36.3%), with the age range being 1-80 years. Among them 21 were male patients and 32 females with the female to male ratio being 1.5:1.48 patients (87.3%) belonged to the lower socio economic group. The commonest group of lymph node region involved was the upper deep jugular group accounting for 70.9% followed by posterior triangle lymphnode region accounting for 18.2%. ESR was found to be elevated in all the patients. Sputum AEB was positive in 14 patients (25.5%). Chest x-ray of 25 patients (45.5%) showed evidence of pulmonary Koch’s FNAC was positive in 42 patient out of 46 patients, accuracy was 92%. FNAC was inconclusive in 4 patients and were subjected for lymphnode biopsy. Total of 13 patients underwent lymphnode biopsy. All patients received short course of chemotherapy with follow up at monthly interval.

In our study, metastatsis in the cervical lymphnodes was the second commonest etiological factor among neck swellings, observed in 13 patient (13%). 11 were diagnosed as having sq cell ca and 2 as adeno ca. metastatic work up revealed the primary site for sq cell ca as tonsilar fossa,
posterior pharynx, larynx accounting for 63.6%, 27.3% and 9.1% respectively. Out of 13 patients 11 were male and 2 females. All patients were subjected for FNAC with diagnostic accuracy of 100% 4 patients underwent FND. Out of these 4 patients, 2 patients were referred to higher centre for further management (chemo radiation) during follow up period. Two other patients didn't turned for follow up.

16 patients were diagnosed as having lymphadenitis. FNAC showed evidence of acute lymphadenitis in 7 patients and chronic nonspecific lymphadenitis in 7 patients. In 2 patients FNAC was inconclusive, who were subjected for biopsy. HPE of these patients revealed chronic non specific lymphadenitis.

6 cases were diagnosed as having lymphoma with the maximum occurrence observed in the age group of 41-60 years. The usual presentation was painless cervical lymphadenopathy.

Other neck swellings observed in our study were cystic hygroma in 4 patients, branchial cyst in 2 patients, and lipoma in 4 patients.

CONSLUSION

In our study TB lymphadenitis was the commonest cause for the neck swellings. Most of the cases studies were belonged to the low socioeconomic class. All the patients with tuberculosis did not show much constitutional symptoms, but few, patients presented with fever, cough, loss of weight, loss of appetite. Tuberculosis most commonly affects the upper deep cervical lymphnodes. The sex ratio in TB lymphadenitis was M : F (1:1.5) showing that female predominance. Radiologically majority of the patients usually did not show the evidence of pulmonary Kochs. All patients of TB lymphadenitis showed good response to 6 months chemotherapy, surgery was rarely required.

FNAC & histopathological examination were the main tools in diagnosis of the neck swellings. Surgery played a role in other benign neck swellings like branchial cyst, cystic hygroma and lipoma.