My science report deals with the power of natural forces...

sedimentation, moisture, heat pressure...

Now, then... to begin.

How boogers are made

The teacher never lets me finish my best reports.
Lumps and Bumps in the Head & Neck

Objective

To review common masses seen in the head and neck

Briefly discuss evaluation and management of each
Fordyce spots – hyperplasia of sebaceous glands. No treatment needed
Mucocoele lower lip (small)
Mucocoele, lower lip
Lumps and Bumps in the Head & Neck

Mucocoele

Cause: blockage of minor salivary gland duct usually due to trauma, i.e. biting or chewing lower lip

Treatment: excise if pt desires

Risks: recurrence, hematoma, numbness
Torus palatini
Torus palatini with traumatic ulcer
Mandibular tori
Mandibular tori
Lumps and Bumps in the Head & Neck

Palatal/Mandibular tori

Etiology unknown - ? bruxism (mandibular)

Benign, may be traumatized/burned by food

Treatment – needed only if interferes with fitting of dentures
Linear keratosis – along line of occlusion. No treatment needed
Circumvallate papillae
Irritation/traumatic fibroma cheek
Irritation/traumatic fibroma
Irritation/traumatic fibroma
Irritation/traumatic fibroma - tongue
Lumps and Bumps in the Head & Neck

Irritation/traumatic fibroma

Cause: biting/chewing of cheek or tongue

Lesion firm, but surrounding tissue soft

Tend to enlarge slowly due to repetitive trauma

Excise if pt desires

Risks: recurrence, infection, bleeding
Papilloma of tongue
Papilloma of uvula
Papilloma of uvula
Papilloma of soft palate
Papilloma soft palate/tonsil
Lumps and Bumps in the Head & Neck

Papilloma of the Oral Cavity/Oropharynx

Cause: HPV

Characteristic cauliflower appearance of surface

Minimal risk of malignant transformation

Excise if pt desires
Lumps and Bumps in the Head & Neck
Squamous cell carcinoma - tongue
Squamous cell carcinoma - tongue
Squamous cell carcinoma soft palate
Lumps and Bumps in the Head & Neck
Inclusion cyst, tonsil – observation vs. incision/drainage; may recur
Tonsillitis – infectious mononucleosis treatment: dexamethasone, IV if severe
Post-tonsillectomy
Lumps and Bumps in the Head & Neck

Salivary gland masses

Submandibular gland – ptosis of gland may mimic mass
(palpate both glands simultaneously)

Parotid gland - mass at angle of mandible = tail of parotid mass

Swelling along mandible anterior to parotid and superior to submandibular gland usually dental infection
Parotid/Submandibular glands
Submandibular gland mass
Enlarged submandibular gland
Parotid mass
Parotid mass
Parotid mass
Tail of parotid mass
Parotid gland/facial nerve
Parotid mass
Lumps and Bumps in the Head & Neck

Parotid – 80% benign; worrisome for malignancy if there is rapid growth, pain, facial nerve weakness

Submandibular – 50/50% benign/malignant

Work-up – CT or MRI scan with contrast; FNA

Treatment: surgical excision (not open biopsy or enucleation)

If malignant, may require adjuvant radiation +/- chemo
Lumps and Bumps in the Head & Neck
Thyroglossal duct cyst
Branchial cleft cyst
Lumps and Bumps in the Head & Neck

**Thyroglossal duct cyst** – midline usually at or below hyoid

Treatment: excision of cyst, middle 1/3 of hyoid, and tract into tongue base (Sistrunk procedure)

**Branchial cleft cyst** – 2nd is most common; CT scan helpful to determine extent of cyst

Treatment: excision of cyst and tract, if present
Enlarged cervical node
Lumps and Bumps in the Head & Neck

Enlarged node(s)

Palpation: “soft”, rubbery/firm, hard

Need good head and neck exam if fails initial treatment or if hard

Consider CT scan with contrast to check for multiple nodes/primary site; FNA can be very helpful

Open biopsy should not be first step and may compromise later surgery if needed
Thank you
Circumvallate papillae – normal, delineates junction of anterior 2/3 – posterior 1/3
"The good news is that your tumor has a very funny-sounding name!"