

NECK MASS

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration
Analysis of the Chief Complaint (SOCRATES)
I. Site a) Central → Thyroid enlargement, Thyroglossal cyst. b) Lateral → Lymphadenopathy, branchial cyst. II. Onset (duration, progression) III. Character a) Consistency. b) Tenderness, redness, hotness. c) Mobility. d) Movement with swallowing. IV. Radiation. V. Time (Course/ Pattern). VI. Severity.
Associated symptoms I. Lymphadenopathy a) URTI → Fever & Chills, Sore throat, Cough, Nasal discharge. b) TB → Fever, Hemoptysis, Night sweats, Weight loss. c) Lymphoma or Leukemia → SOB, Fatigue, Bleeding tendency, Recurrent infections, Bone pain. d) Sarcoidosis → SOB, Skin lesions, Joint pain, Uveitis. II. Thyroid a) Hyperthyroidism (Grave's disease, Toxic Multinodular goiter) Symptoms due to mass effect → Breathing difficulty, Hoarseness of voice, Dysphagia, Chronic sore throat. Symptoms due to Hyperthyroidism → Fatigue, Sweating, Weight loss, Increased appetite, Headache, Restlessness, Palpitation, Diarrhea, Heat intolerance. b) Hypothyroidism (Hashimoto's thyroiditis, Iodine deficiency) Slow speech, Hoarseness of voice, Decreased appetite, Weight gain, Constipation. C) Malignancy: Constitutional symptoms, other masses.
Review of systems
Past medical + Blood transfusion and surgical + Trauma
Drug HX: Amiodarone, Previous Radiotherapy .
Family HX: I. Same condition II. Chronic illness (Autoimmune disease)
Social HX: Smoking history (# of pack years), alcohol, travel history, drug abuse, contact with sick people or elderly

(DDX: Lymphadenopathy: (TB / Sarcoidosis / Lymphoma / Metastasis / URTI), Thyroid enlargement: (Multinodular goiter / Grave's disease / Thyroid CA)).

Investigations: 1. Biopsy 2. Thyroid function test (TFT) 3. Neck US.

DYSPHAGIA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration (odynophagia?!!!)
Analysis of the Chief Complaint
Site: At what level does the food stick Onset: (sudden or gradual) Character Fluids, Solids or both (at the same time!), Stage the dysphagia occurs: initiating swallowing, after initiation swallowing? Associated symptoms (finish the CC analysis then ask about them ↓) Timing (Progression, episodic (intermittent) or continuous) Severity (Is there complete obstruction , regurgitation?)
Associated symptoms Constitutional: - Weight loss - Loss of appetite - Night sweat. - fever URTI: Cough, nasal congestion, sore throat. Neurological: vision problem, tremor, Recurrent choking (previous strokes). GI: Nausea/vomiting, Regurgitation, heart burn, Bloating/abdominal swelling, Early satiety, Jaundice/ RUQP/ Steatorrhea, Bowel habit, Melena and Hematochezia. Scleroderma: Skin tightness and discoloration (Raynaud Phenomenon). Myasthenia gravis: Ptosis, diplopia, fatigue Pharyngeal pouch (zenker diverticulum) Neck bulge , gurgle on drinking or halitosis ?
Review of systems
Past medical +Blood transfusion and surgical +Trauma. • Stroke • Thyroid problems (Goiter) • PUD and GERD •Scleroderma •Iron deficiency. • Previous admission. • Previous surgeries.
Drug HX: → • NSAIDs • Bisphosphonates/Doxycycline •Use of antacids (related to GERD and PUD).
Family HX: Esophageal cancer, neuromuscular diseases , any chronic illnesses
Social HX: • Alcohol (peptic ulcer disease, gastritis) • Smoking • Illicit drug use • Diet: spicy foods (peptic ulcer disease)

(DDX: URTI, Esophageal cancer, Achalasia, Scleroderma, Neurological, GERD, PUD)

Investigations:

1. Manometry, Barium swallow
2. Upper endoscopy
3. 24 PH monitoring
4. Anti Ach antibodies