

# NECK MASS

Introduce yourself , take permission
<b>Patient profile</b> (name , age , occupation , marital status, address)
<b>Chief complaint + duration</b>
Analysis of the <b>Chief Complaint (SOCRATES)</b>
<b>I. Site</b> a) Central → Thyroid enlargement, Thyroglossal cyst. b) Lateral → Lymphadenopathy, branchial cyst.
<b>II. Onset (duration, progression)</b>
<b>III. Character</b> a) Consistency. b) Tenderness, redness, hotness. c) Mobility. d) Movement with swallowing.
<b>IV. Radiation.</b> <b>V. Time (Course/ Pattern).</b> <b>VI. Severity.</b>
<b>Associated symptoms</b> <b>I. Lymphadenopathy</b> 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.
<b>II. Thyroid</b> <b>a) Hyperthyroidism</b> (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>b) Hypothyroidism</b> (Hashimoto's thyroiditis, Iodine deficiency) Slow speech, Hoarseness of voice, Decreased appetite, Weight gain, Constipation. <b>C) Malignancy:</b> Constitutional symptoms, other masses.
<b>Review of systems</b>
<b>Past medical + Blood transfusion and surgical + Trauma</b>
<b>Drug HX:</b> Amiodarone, Previous Radiotherapy .
<b>Family HX:</b> I. Same condition II. Chronic illness (Autoimmune disease)
<b>Social HX:</b> Smoking history (# of pack years), alcohol, travel history, drug abuse, contact with sick people or elderly0

(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
<p><b>Site:</b> At what level does the food stick</p> <p><b>Onset:</b> (sudden or gradual)</p> <p><b>Character</b> Fluids, Solids or both (at the same time!), Stage the dysphagia occurs: initiating swallowing, after initiation swallowing?</p> <p><b>Associated symptoms (finish the CC analysis then ask about them ↓)</b></p> <p><b>Timing</b> (Progression, episodic (intermittent) or continuous)</p> <p><b>Severity</b> (Is there complete obstruction , regurgitation?)</p>
<p style="text-align: center;"><b>Associated symptoms</b></p> <p><b>Constitutional:</b></p> <ul style="list-style-type: none"> <li>- Weight loss</li> <li>- Loss of appetite</li> <li>- Night sweat.</li> <li>- fever</li> </ul> <p><b>URTI:</b> Cough, nasal congestion, sore throat.</p> <p><b>Neurological:</b> vision problem, tremor, Recurrent choking (previous strokes).</p> <p><b>GI:</b> Nausea/vomiting, Regurgitation, heart burn, Bloating/abdominal swelling, Early satiety, Jaundice/ RUQP/ Steatorrhea, Bowel habit, Melena and Hematochezia.</p> <p><b>Scleroderma:</b> Skin tightness and discoloration (Raynaud Phenomenon).</p> <p><b>Myasthenia gravis:</b> Ptosis, diplopia, fatigue</p> <p><b>Pharyngeal pouch</b> (zenker diverticulum) Neck bulge , gurgle on drinking or halitosis ?</p>
<b>Review of systems</b>
<p><b>Past medical +Blood transfusion and surgical +Trauma.</b></p> <ul style="list-style-type: none"> <li>• Stroke • Thyroid problems (Goiter) • PUD and GERD •Scleroderma •Iron deficiency.</li> <li>• Previous admission.</li> <li>• Previous surgeries.</li> </ul> <p><b>Drug HX:</b> → • NSAIDs • Bisphosphonates/Doxycycline •Use of antacids (related to GERD and PUD).</p> <p><b>Family HX:</b> Esophageal cancer, neuromuscular diseases , any chronic illnesses</p> <p><b>Social HX:</b> • Alcohol (peptic ulcer disease, gastritis) • Smoking • Illicit drug use • Diet: spicy foods ( peptic ulcer disease )</p>

(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