
NECK MASS IN ADULTS

A neck mass is an abnormal lump in the neck. Neck lumps or masses can be any size—large enough to see and feel, or they can be very small. A neck mass may be a sign of an infection, or it may indicate a serious medical condition. It does not necessarily mean you have cancer, but it does mean you may need additional evaluation to receive an accurate diagnosis.

WHAT ARE THE SYMPTOMS OF A NECK MASS?

Common symptoms in patients with a neck mass at higher risk for cancer (see “What Causes a Neck Mass” below) include:

- The mass lasts longer than two to three weeks
- The mass gets larger
- The mass gets smaller but does not completely go away
- Voice change
- Trouble or pain with swallowing
- Trouble hearing or ear pain on the same side as the neck mass
- Neck or throat pain
- Unexplained weight loss
- Nasal blockage in one side of the nose
- Breathing difficulty
- Bleeding from nose and oral cavity
- Coughing up blood
- Skin lesion on the face or scalp that is growing or changing color

WHAT CAUSES A NECK MASS?

Neck masses are common in adults and can occur for many reasons. You may develop a neck mass due to a viral or bacterial infection. Ear or sinus infection, dental

infection, strep throat, mumps, or a goiter may cause a neck mass. If your neck mass is from an infection, it should go away completely when the infection goes away.

Your neck mass could also be caused by a noncancerous (benign) tumor, or a cancerous (malignant) tumor. Cancerous neck masses in adults are most often due to head and neck squamous cell carcinoma (HNSCC). Other causes for a neck mass may be due to cancers such as lymphoma, thyroid or salivary gland cancer, skin cancer, or cancer that has spread from somewhere else in the body.

Long-term tobacco use (cigarettes, cigars, chewing tobacco, or snuff) and alcohol use are the two most common causes of cancers of the mouth, throat, voice box, and tongue. Another common risk factor for cancers of the neck, throat, and mouth is a human papilloma virus (HPV) infection. HPV infection is usually transmitted sexually. HPV found in the mouth and throat is called “oral HPV.” Some high-risk types of oral HPV infection can cause head and neck cancers.

HNSCC of the tonsil and base of the tongue has gone up because of the increase in HPV infections. HPV-related cancers often lack the common risk factors of tobacco and alcohol use, and tend to affect younger adults. Patients with HPV-positive HNSCC may have some of the symptoms listed here, but many times a neck mass will be the only sign of this type of cancer.

When Should I See a Doctor?

See your doctor and/or an ENT (ear, nose, and throat) specialist, or otolaryngologist, if the lump in your neck lasts longer than two to three weeks. This is a persistent neck mass, which means that the lump has not gone away. You should also see a doctor if you are not sure how long you have had the neck mass because your neck mass may mean that you have a serious medical

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problem. If you have any of the head and neck symptoms listed above, in addition to the neck mass, you should see your doctor right away. It may not be cancer, but you need to be evaluated. Your doctor will discuss any tests needed for diagnosing your neck mass and your follow-up care.

WHAT ARE THE DIAGNOSTIC AND TREATMENT OPTIONS?

Your doctor will ask about your medical history, and examine your head and neck. They may perform (or recommend) an endoscopy, which is a procedure that inserts a small tube with an attached camera through your nose to look inside your throat, voice box, and the opening of your esophagus. If a more detailed examination is required, the endoscopy will be performed in an operating room under anesthesia.

In addition, your doctor may order tests to help diagnose your neck mass, such as a CT, MRI, or PET (positron emission tomography) scan (if needed) to get a more detailed picture of the neck mass than normal X-rays can provide.

A biopsy involves taking a sample of tissue from the neck mass to make a diagnosis. There are different types of biopsies based on your medical history and the location of your mass, including:

- *Fine Needle Aspiration Biopsy (FNA)*—An FNA is the best initial test to diagnose a neck mass. A small needle is put into the mass and tissue is pulled out. An FNA is often done in your doctor's office. It is well-tolerated by most patients. It can be done with or without ultrasound-guided needle biopsy.
- *Core Biopsy*—A core biopsy is another way to diagnose a neck mass, typically performed if an FNA did not confirm a diagnosis. A core biopsy uses a slightly

larger needle and gets a larger piece of tissue. It is well tolerated and has a low risk of complications.

- *Open Biopsy*—An open biopsy should typically be done only after FNA and/or core biopsy have failed to make the diagnosis. It is the next step to diagnose a neck mass. It is a more invasive procedure. Open biopsy is done by a surgeon in the operating room and you will need anesthesia. An open biopsy may remove only portion of the mass or the whole mass. Because open biopsies are more invasive, there is a somewhat higher risk for complications.

Your doctor will explain next steps and discuss a follow-up plan once a diagnosis has been made. If the neck mass is found to be cancerous, treatment options include surgery, radiation therapy with or without chemotherapy, or a combination of these treatments depending on the diagnosis and stage of the disease. Some neck masses may be thought to be benign (not cancerous) at first, but are later found to be cancer, which is why a follow-up plan is so important. You and your doctor need to discuss the method for follow-up that works best for you. You should call for your results if you have not heard from the doctor or do not have a follow up appointment.

WHAT QUESTIONS SHOULD I ASK MY DOCTOR?

1. What causes masses in the neck?
2. Is the mass in the neck cancerous?
3. How urgently should I be evaluated?
4. Is the mass in the neck hereditary?
5. What investigations are needed to diagnose the neck mass?

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6. What are the treatment options for neck mass?

7. When will I hear back from you with the results of the biopsy?