## Neck swellings

(CASE 1) A 3-year-old boy presents to the physician's office with an asymptomatic neck mass located in the midline, just below the level of the thyroid cartilage. The mass moves with deglutition and on protrusion of the tongue.

and on production of the tongue.	
1- What is the most appropriate diagnosis?	
A. Thyroglossal duct cyst.	B- Thyroid ismuth adenoma.
C. Cystic hygroma.	D- Thyroid carcinoma
2- What is the most suitable investigation for	the case?
A- Aspiration cytology.	B- CBC and ESR.
C- Blood culture.	D- Neck ultrasound.
3- What is the expected complication that ma	y occur in this lesion?
A- Metastasis.	B- Dysphagia.
C- Infection.	D- Airway obstruction.
4- What is the most appropriate treatment for	r this case?
A- Aspiration and evacuation.	B- Incision and drainage.
C- Elective surgical excision.	D- Urgent surgical excision.
(CASE 2) A 6-year-old boy presents to the en and malaise of 4 days' duration. Examination reveals and a tender right neck mass with overlying erythema	
1- What is the most appropriate diagnosis?	
A-Lipoma	B- Cystic hygroma.
C- Acute suppurative lymphadenitis	D-Thyroglossal duct Cyst.

2- What is the most suitable investigation(s)?

A. Upper Endoscopy.	B. Throat swab, CBC, ESR.						
C. MRI on the neck	D. Excisional biopsy and histopathology.						
3- What are the complications expected for	3- What are the complications expected for this condition?						
A. Metastasis.	B. Airway obstruction.						
C. Perforation.	D. Abscess formation.						
4- What is the most appropriate treatment for this condition?							
A. Supportive and medical treatment.	B. Surgical excision.						
C. Incision and drainage.	D. Incisional biopsy.						
(CASE 3) An 18-month-old girl is brought mass. Examination reveals a 2-cm soft, non-tender, located at the anterior border of the sternomastoid,							
1- What is the most appropriate diagnosis?							
A. Thyroglossal cyst	B. Branchial cleft cyst.						
C. Lipoma.	D. Acute lymphadenitis.						
2- What is the most appropriate next investigation?							
A. Incisional biopsy and histopathology.	B. Aspiration cytology.						
C. Neck CT or MRI.	D. CBC, ESR, CRP.						
3- What is the expected complications?							
A. Malignant transformation.	B. Airway obstruction.						
C. Dysphagia.	D. Infection with possible abscess formation.						
4- What is the most appropriate treatment?							
A. Medical and supportive treatment.	B. Aspiration.						

C. Incision and drainage.

D. Complete surgical excision.

(CASE 4) A 45-year-old man presents to the physician's office for evaluation of a posterior neck mass. The mass has been present for years, but has slowly enlarged over the last 2 years. Examination reveals a subcutaneous mass that is soft, non-tender, and movable in all direction and associated with pseudo fluctuation.

1.	What	is tl	he mas	t appro	nriste	diagn	neie?
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A. Abscess.

B. Sebaceous cyst.

C. Lipoma.

D. Dermoid cyst.

2- What is the most suitable investigation for the case?

A. Aspiration cytology.

B. CBC and ESR.

C. Blood culture.

D. Neck ultrasound.

3- What is the most appropriate treatment for this case?

A. Conservative management

B. Antibiotics and antipyretics

C. Aspiration

D. Surgical excision.

(CASE 5) A 50-year-old woman presents to the physician's office for evaluation of a right neck mass. The mass has been present for 3 years and is painless. On examination, a non-tender, firm, 2.5-cm mass is noted slightly below and posterior to the angle of the mandible on the right. The mass causes elevation of the ear lobule.

1- What is the most appropriate diagnosis?

A. Branchial cleft cyst.

B. Unilateral cervical lymphadenopathy.

C. Cystic hygroma.

D. Parotid pleomorphic adenoma.

2- What is the most appropriate treatment?

A. Incision and drainage.

B. Conservative and medical treatment.

C. Excisional biopsy.

D. Complete excision with negative margins

(CASE 6) A 50-year-old woman presents to the physician's office for evaluation of a right neck mass. The mass has been present for 3 years and is painless. On examination, a non-tender, firm, 2.5-

cm mass is noted slightly below and posterior to the angle of the mandible on the right. The mass causes elevation of the ear lobule.

1- What is the most appropriate	diagnosis?
A. Branchial cleft cyst.	B. Unilateral cervical lymphadenopathy.
C. Cystic hygroma.	D. Parotid pleomorphic adenoma.
2- What is the most appropriate	treatment?
A. Incision and drainage.	B. Conservative and medical treatment.
C. Excisional biopsy.	D. Complete excision with negative margins
fluctuant and increases after meals. The	resents to outpatient clinic by left sided neck swelling which is patient also complains of recurrent irritative cough. On stic, compressible and resonant on percussion.
1- What is the most appropriate	diagnosis?
A. Cystic hygroma.	B. Branchial cyst.
D. Dermoid cyst.	E. Pharyngeal diverticulum.
2- What is the most appropriate	next investigation?
A. CBC, ESR, CRP.	B. Upper Endoscopy.
C. Plain X-ray on neck and upp	per chest. D. Incisional biopsy and histopathology
3- What are the expected compli	ications?
A. Dysphagia.	B. Dysarthria.
C. Dyspnea	D. Infection with abscess formation.
4- What is the most appropriate	treatment of this patient?
A. Conservative management.	B. Incision and drainage.

D. Endoscopic surgery.

C. Aspiration of the contents.

(CASE 8) A 40-year-old man presented to the outpatient clinic by weak right hand grip that annoying him during daily activities specially writing. On examination, weakness of the muscles of the right thumb was found associated with a right sided hard neck swelling that was located in the supraclavicular area.

1-	What is	the most	appropr	iate d	iagnosi	s?

A. Supraclavicular lymph node.

B. Cervical rib.

C. Pharyngeal diverticulum.

D. Laryngeal carcinoma.

## 2- What is the best investigation tool to confirm the diagnosis?

A. Plain X- ray on neck and upper chest.

B. Barium swallow.

C. Barium meal.

D. Upper endoscopy.

## 3\_What is the best treatment for the condition?

A.Conservative management.

B. Complete surgical excision.

C. Endoscopic excision histopathology.

D. Incisional biopsy and