

Clinically Benign Cystic Lesions of the Lateral Neck: Road to Malignant Discoveries

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Abstract

Solitary cystic neck lesions as the only presenting feature in adult patients may present diagnostic challenges as the aetiology may be malignant or non-malignant entities. Investigation is usually through radiology and tissue sampling. Subsequent diagnosis of malignancy requires thorough exploration for localization of primary tumour for complete treatment. We report 2 cases of solitary cystic neck lesion subsequently diagnosed as malignancy. First case is a 70-year-old man presented clinically with left branchial cyst. Excision of the cyst revealed papillary thyroid carcinoma. He underwent total thyroidectomy, central and left neck dissection despite no obvious nodule on physical examination or ultrasound. Histologically, no tumour was found on the thyroid or lymph node specimen. The second case is a 48-year-old man presented with painless right neck swelling. Excision showed squamous cell carcinoma arising in a right branchial cyst. Extensive examination did not show any other mass within the head and neck region. However, one year later his right neck swelling recurred. Histological examination confirmed metastatic squamous cell carcinoma to the neck lymph node. He underwent bilateral tonsillectomy and modified radical neck dissection following the finding of occult malignancy. Primary tumour was identified at the tonsil. Malignant cystic neck lesions are not uncommon. Solitary, painless lateral neck cyst in an adult warrant careful and detailed work-up. Aspiration of lateral neck cyst is an effective primary investigation tool prior to embarking on more costly or invasive examination.

Keywords: cystic neck mass, branchial cyst, metastatic, malignant

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