

Role of Ultrasound to Identify Head Neck Secondaries

Manish Gupta*

Professor and Head, Department of Otorhinolaryngology and Head Neck Surgery, MMIMSR, MMDU, Mullana, Ambala, Haryana, India

***Corresponding Author:** Manish Gupta, Professor and Head, Department of Otorhinolaryngology and Head Neck Surgery, MMIMSR, MMDU, Mullana, Ambala, Haryana, India.

Head and Neck malignancy often present with neck swelling. To assess the severity or stage the disease, plan the treatment and also prognosticate the case, it is essential to determine the presence of neck secondaries. The clinical examination helps in identifying the number, size, shape, location, overlying skin, local temperature, tenderness, consistency and fixity of lymph node to underlying structure. This has limitations due to its subjective nature.

Ultrasonography (USG) confirms clinical findings objectively by evaluating the lymph node borders, presence of matting, peripheral halo, hilum, echogenicity, calcification and necrosis. USG is cheap, easily available, safe (radiation free), non-invasive, requires less time, is more sensitive and specific as compared to other radiological diagnostic aids. USG characteristics of malignant nodes are as follows- they are round in shape, have sharp borders, absent echogenic hilum and hyperechoic. Thus, lymph nodes with oval in shape, central necrosis and matting are less likely to be malignant.

Based on above characteristics, USG of neck is useful in differentiating between metastatic, lymphomatous and tuberculous pathology. Though histopathology is considered gold standard to confirm for secondary, but USG plays an important role in guided Fine Needle Aspiration Cytology (FNAC) in picking up likely malignant nodes.

The comprehensive survey of the neck by USG is carried in supine position, with neck extended and head rotated to opposite side. The standard technique is to examine every region from level I to level VI, to avoid missing any part.

Thus, the USG plays an important role in day to day practice of Head Neck malignancy and is ideally advisable on very first visit, as first line imaging modality, even before FNAC.

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