Hannah Cornwall

The Basics

- WIIPPPPE
- Look
- Feel
- Tap
- Listen

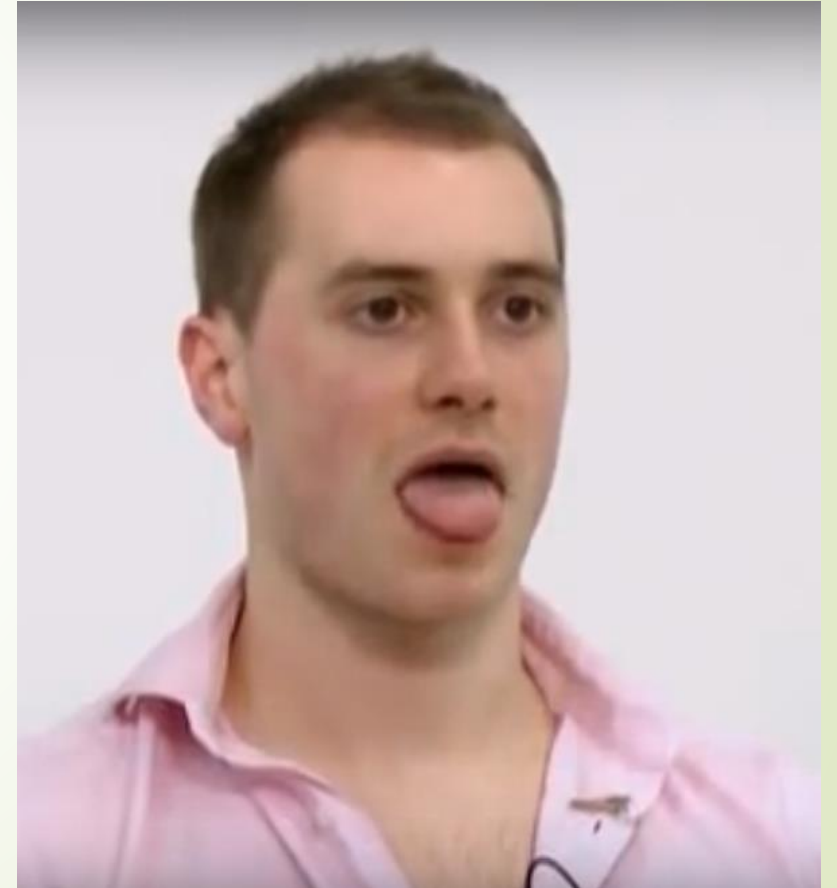
- (Or inspect, palpate, percuss, auscultate if you’re feeling fancy)

WI_2P_4E

- **W**ash hands
- **I**ntroduce
- Confirm **I**dentity of patient
- **P**ermission
- **P**rivacy
- **P**ain
- **P**osition – need to be able to get all the way round patient so sitting up, in a chair.
- **E**xposure – from ears to clavicles, so hair tied up, no scarves, collars open
- **E**quipment – cup of water

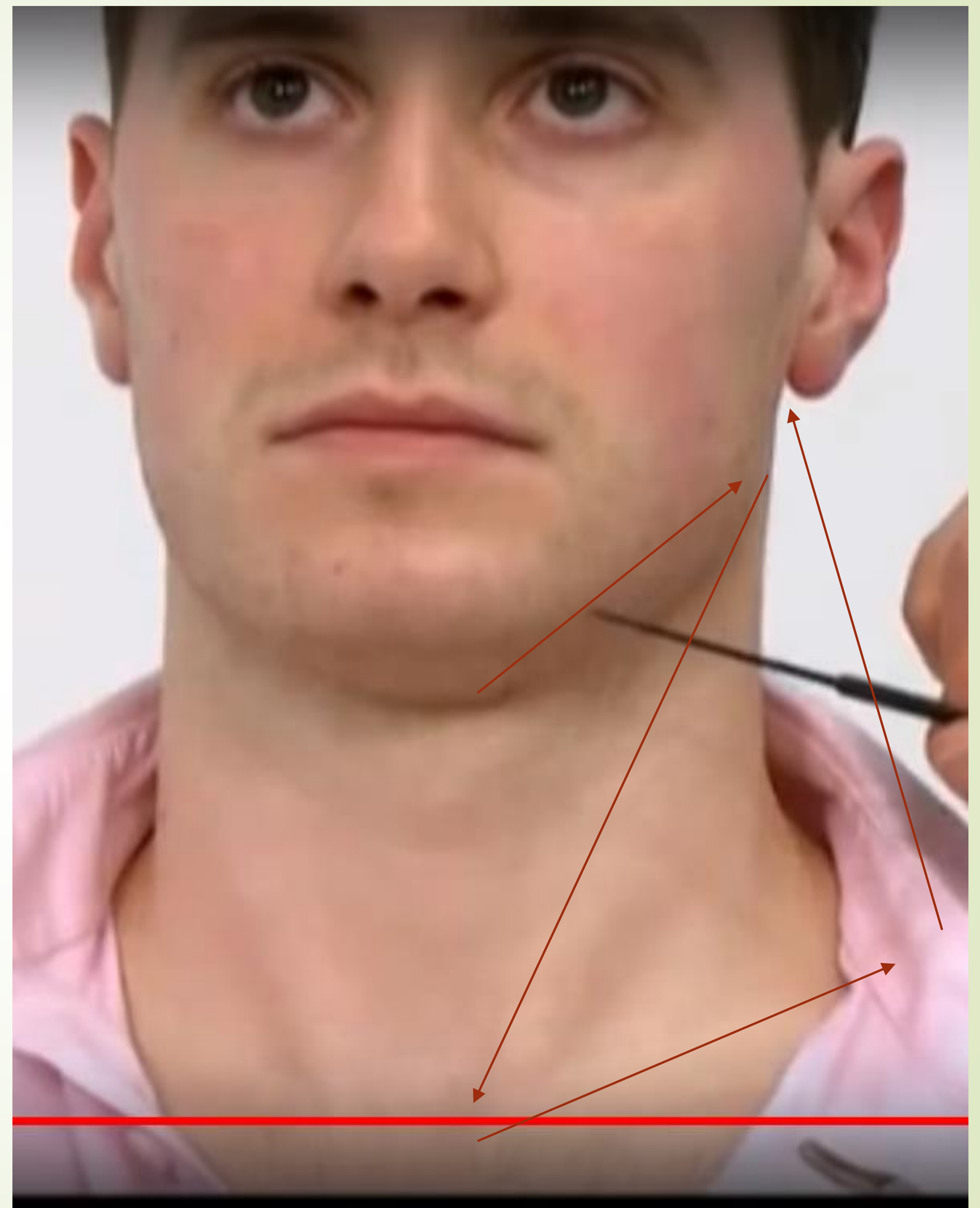
Look

- General inspection
- Squat down to their level
- Ask them to look right up to the ceiling, then turn their head to either side [lumps, asymmetry, skin changes, plethora, neck vein distention]
- Ask them to take a sip of water and 'swallow it when I say' [watch for midline thyroid lumps] 'swallow'
- Ask them to open their mouth, THEN stick out tongue [watch for midline thyroglossal cysts]
- Then get up and walk around to inspect **behind the ears** and the back of the neck [scars]



Feel

- Stand behind patient (warn them that you'll do this!)
- Ask them to rest their chin on your fingers to feel submental and submandibular LNs.
  - Submental
  - Submandibular
  - Anterior cervical chain
  - Supraclavicular (can ask to hunch shoulders to feel better)
  - Posterior cervical chain

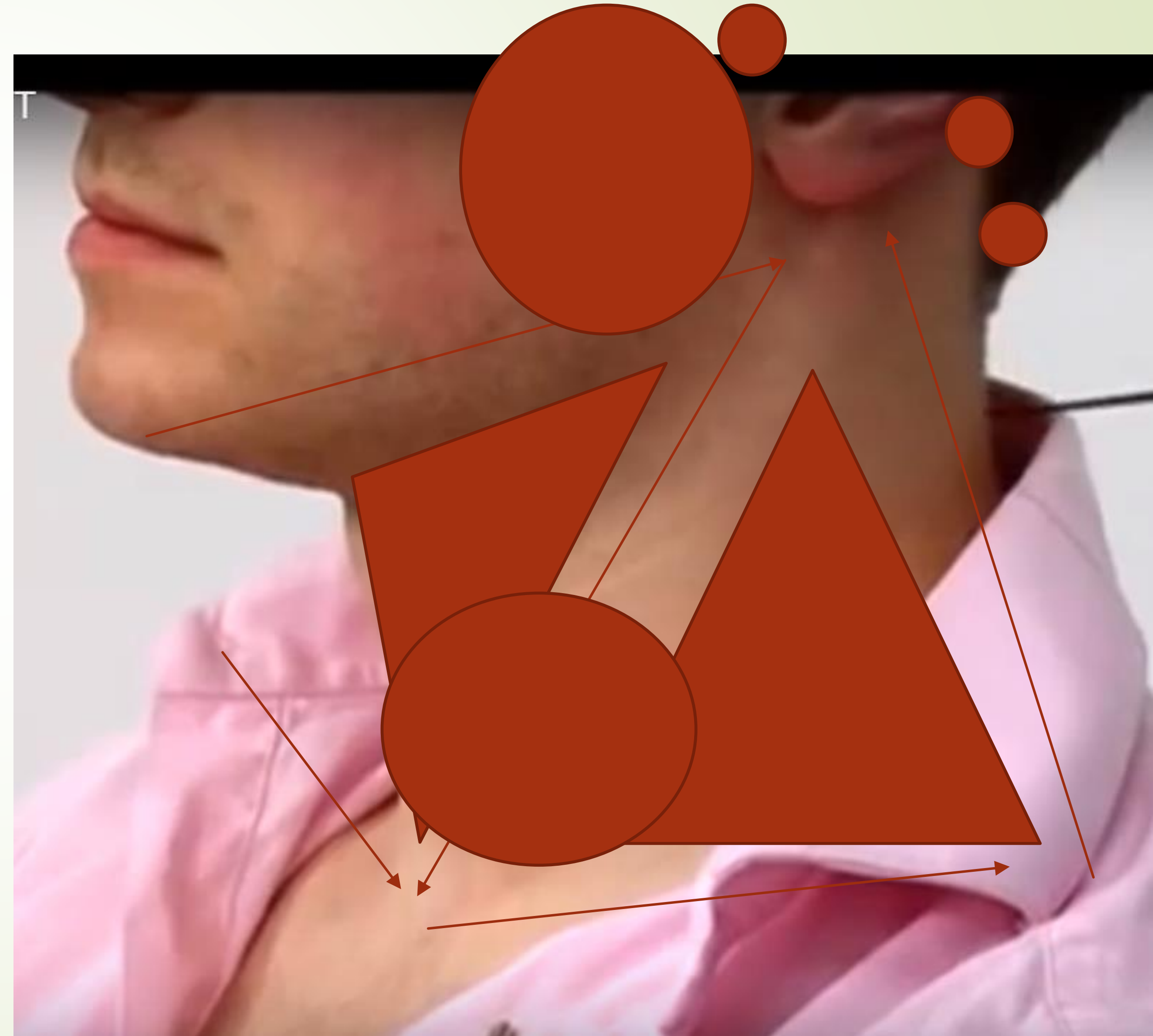


Feel

- Preauricular
- Postauricular
- Parotid
- Occipital (warn them: I'm just going to feel for a lymph node at the back of your head)

Then while standing behind them:

- Ballot the thyroid
- Feel for trachea (uncomfortable not painful)
- Use palmar side of fingers to feel across each triangle

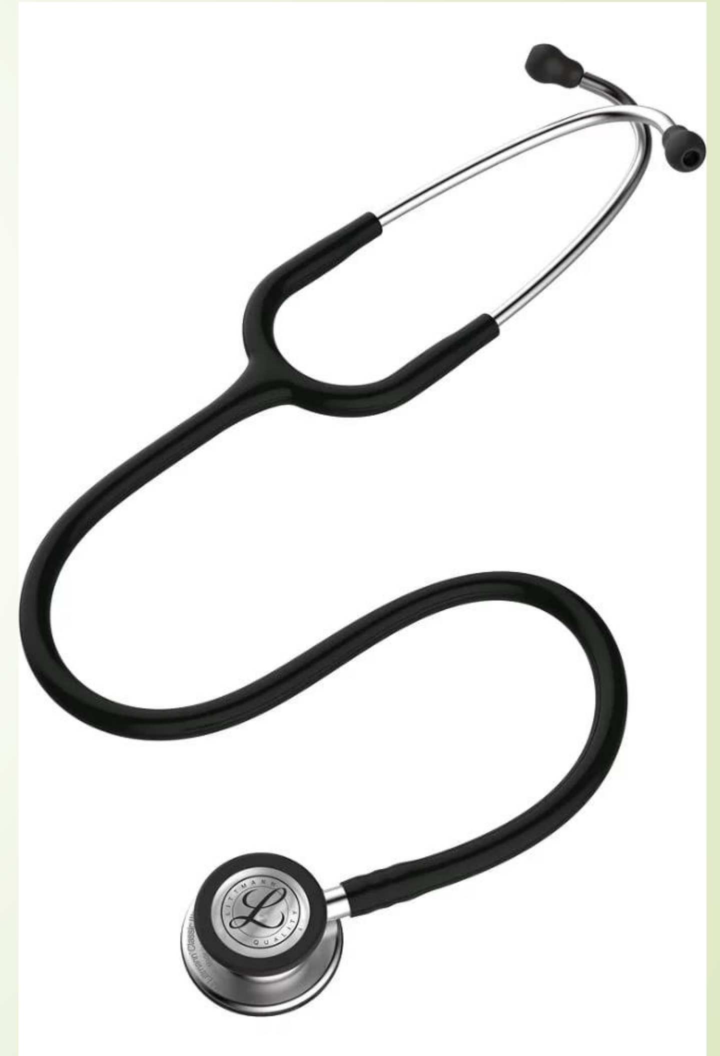


Feel-auscultate-percuss

- Feel carotid pulses (one at a time!)
- Listen over carotids (bruits)

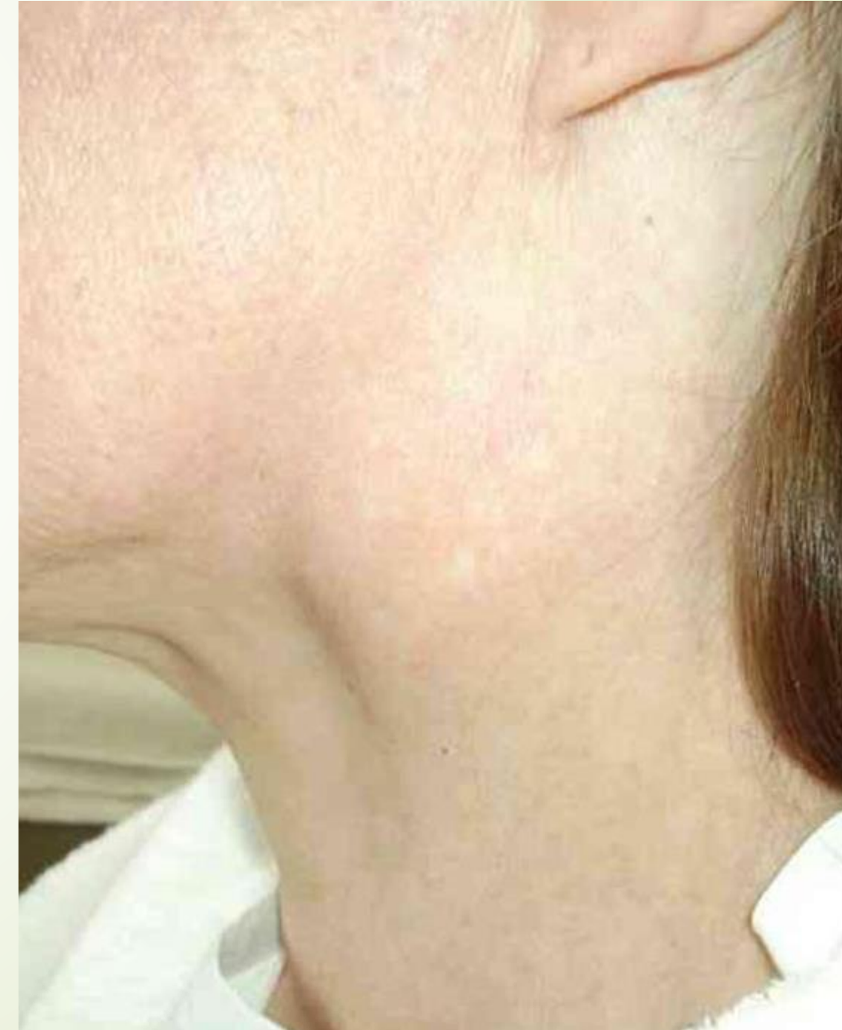
- Listen over thyroid (bruits)

- Put your stethoscope away
- Percuss down sternum (mediastinal [retrosternal] thyroid extension)



If you find a neck lump

- Examine it thoroughly – you can take extra time on this, inc. auscultating it if it seems pulsatile
- You may want to crack out the pen torch!
  - **3S** Site, size, surface/overlying skin
  - **3C** Colour, contour [well-defined, irregular], consistency [soft, firm, hard]
  - **3T** Tenderness, temperature [hot/inflamed?], transilluminable? [press the pen torch down, does the lump glow?]
  - **3F** Fluctuance [fluid-filled cyst?], fixity [to overlying skin or deep tissue?], fields (drainage lymph nodes)
  - **PER** Pulsatile? [aneurism], Expansile? [aneurism], Reducible? [hernia – unlikely on a neck]



Close

- Thank patient - Patient comfortable?, Help getting dressed?
- Wash hands
- Turn to examiner, hands behind back, holding stethoscope (try not to fidget!) before saying: "**To complete my examination**, I would like to…"
  - Further examination
    - Take a full history
    - Perform a thyroid status examination
    - Perform an ENT examination
  - Further Invx as indicated
    - Bloods including TFTs
    - Ultrasound lump
    - Fine needle aspiration/ core biopsy of lump

Practise: describing a lump (his nose)

- The lump is **situated** centrally, on the front of the face, between the eyes. In **size** it is around 15 cm tall, 6 cm wide and protrudes around 4cm. The **skin** covering it is normal in colour and texture.
- The lump is the same **colour** as the surrounding face, with severely angular **contours** and a centrally hard **consistency**, with softer areas either side.
- It is not **tender** to palpation, nor different in **temperature** to surrounding areas. The soft parts on either side are thin and **transilluminable**.
- It is not at all **fluctuant**, and is clearly **fixed** centrally to the underlying tissue. No enlarged lymph glands in the surrounding **field**.

It is not **pulsatile**, nor **expansile**, and Gordon gives out a dissatisfied grunt when one attempts to find out it if is **reducible**.

Neck lump differentials

Superficial structures	Midline structures	Lateral structures	
		Anterior triangle	Posterior triangle
Sebaceous cyst	Thyroglossal cysts	Thyroid lobe swellings	Lymphadenopathy
Lipoma	Thyroid swelling	Pharyngeal pouch	Carotid artery aneurism
Abscess	Laryngeal swelling	Branchial cyst	Carotid body tumour
Dermoid cyst	Submental lymph nodes	Submandibular gland pathology	Cystic hygroma
	Dermoid cyst	Lymphadenopathy	Cervical rib
	Chondroma of thyroid cartilage	Parotid gland swelling	Torticollis
		Laryngocoele	

Bits & Bobs (mainly bobs)

- Firm, rubbery non-tender lymph nodes are usually associated with lymphoma.
- Tumours from the head and neck usually metastasise to nodes in the submandibular region and the upper part of the anterior triangle.
- Tumours of the chest and abdomen usually metastasise to the lower part of the posterior triangle.
- Finding a hard non-tender left supraclavicular node (Virchow’s node) is known as Troisier's sign and often indicates abdominal malignancy.