

Structured approach to Throat, head and Neck

General

- visual inspection – acquired vs cong
 - asymmetry
 - deformity
 - look esp at parotid, retromandibular, submental, ant. Neck above collar
 - ask history pertaining to any exceptions

Face

- Assymetry – put scapular betwn teeth horizontally to see
 - Cong hemifacial microsomia
 - Acquired maxillary/mandibular deformity
 - Facial nerve palsy
- Basal and sq cell Ca if ulcer persists

Lips

- show teeth to check lip part
- deformities

Mouth

- Remove dentures
- trismus
 - TMJ , inflam/invasive of tonsils, pharynx, pterygoid muscles
- TMJ
 - Tips of index into conchal bowel of ears, then ask to open mouth
 - Pain, movement, assym (suggest cong)

Tongue

- deviation – hypoglossal or invasive of floor/tongue
- Surface
 - Smooth in macroglossia
 - Leukoplakia
 - Hairy
 - Fissures
 - Geographic
 - Ulceration
 - Tumour

Oral Cavity

- front
 - Bucal sulcus to inner aspects of cheek
 - Openings of parotid duct
 - Dental arches
- Floor
 - Ant through to coffin's corner – retromolar trigone area
 - Bimanual Palpation if mass found
 - Can even pick up deep structures
- Hard Palate, etc
 - Aaah makes tonsils more prominent
 - Observe movement
 - Lingual thyroid nodule
 - Cyst in base of tongue
 - Lingual tonsil enlargement
 - Tonsils
 - Enlarged, enflamed, membrane, inclusions, malig ulceration
 - Visible Pharynx
 - Lymphoid nodules, visible adenoid, postnasal drip, ulceration
 - Deeper pharynx needs special instrument
 - Hypopharynx / upper oesophagus => lump in throat / dysphagia
 - Larynx => change in voice / hoarseness

Neck

- Undo collar and expose to shoulder
- Anterior mass – move on swallowing or putting out tongue?
- Stand behind
 - Submental
 - Submandibular
 - Parotid
 - Posterior triangle
 - Forwards along clavicle
 - Up posterior aspect of SCM
 - Down ant SCM, digging finger deep
 - Rock hyoid between index and thumb gently
 - Clasp thyroid, move sideways and back
 - Note laryngeal crepitus as grate over cervical spine
 - Palpate cricoid cartilage with tip of index
 - Palpate thyroid on either side and isthmus with both hands
 - Normal gland impalpable
 - Sternal notch
- Note: site, size, consistency, contour, attachment, tenderness of any mass