Sheet # 16 Oral Medicine

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**Swellings of the neck**

As we all know , there’s a lot of structure in the neck that could be the source of the swelling ; such as, salivary glands (parotid ,submandibulary ) ,endocrine glands ( thyroid , parathyroid) , lymph nodes , and others like (arteries , veins, nerves& muscles )

🡪**Differential diagnostic for any swelling in the neck** :

1. Lymph nodesenlargement ( main cause of neck swelling )

2. Glands , either ; salivary or endocrine .

3. branchial cysts, lympoepithelial cysts .

4. Sebaceous cysts , dermoid and epidermoid cysts

5. Soft tissue tumor (like ; carotid body tumor )

6. From nerves , masucles

7. Systemic disease that cause lymph node enlargement

🡪**Causes of lymph node enlargement** :-

1.Infection (acute or chronic ) ; the main causes

2.Neoplasia (like ; lymphoma ) , or metastasis to the lymph node

3.Systemic disease (like; tb , sacroidosis )

4. Side effect of drug ; like phenytoin

5. Connective tissue disease ; like ,sclerosis and scleroderma

6.Developmental cause

**❖infection cause of lymph node enlargement :-**

1. **Viral**

🌢 Any viral infection , but the most common is :

1.upper respiratory tract infection ( sore throat)

2.measles ,

3.mumps ,

4.herpes (some pt’s with herpes labials have LN enlargement ) ,

5. HIV ,

6. EBV (HSV-4, the causes of glandular fever )

**¥glandular fever ( infection mononucleosis ):**

**Cause:**

1.EBV (HSV-4) in 90% 2.CMV 3.HIV

**Clinical feature :**

1. Generalized lymphadenopathy

 2. Hepatosplenomegaly

 3. Fever

4. petechiae or ulcers on the palate

5. Malaise

6. Weight loss

7. Sore throat

**The** doctors may give those pt’s antibiotic as if it’s bacterial infection but it’s not ,it’s viral ,so the pt’s will have skin rash specially if they take amoxicillin or ampecillin (most prescribed AB’s ) , the pt’s may be confused and think he have allergy to this AB (but he’s not allergic ) , so you have to ask the pt’s about the nature of the rash and the resone for taking the AB .

**Typical presentation :**

* Petechiae , ulceration of the palate
* LN enlargement specially jugulodiagastric and submandibular LN
* Sometime may cause enlargement of the foliate papillae and pericoronitis

**Also** known as infectious mononucleosis, why ?

infectious ,,, because it’s contagious

Mononucleuosis ,,, because the most cell present in the pt’s blood smear aremonocytes

**Diagnosis (tests) :**

1. Paul panel test
2. Monospot test
3. Elevation of the liver enzymes
4. **Bacterial**

**A . local infection in head and neck :-**

1. Odontogenic infection (acute apical abscess )
2. Infection of salivary gland (salidenitis )
3. Tonsillitis

 **B. more serious bacterial infection :-**

 1. TB

 2. syphilis

**C. common disease**

Cat scratch disease

**¥ cat scratch disease :-**

* **Cause :**
* Bacterial (Bartonella )
* Carrier of this bacterial is cats , so history of contact with animals in pt’s with unknown LN enlargement may help in diagnosis
* **Clinical features :-**
* Not specific
* Fever , malaise , LN enlargement , and sometime skin rash or papules
* Self limiting , **NO** need for treatment , **But** in sever cases pt’s may be given long course "**Tetracycline** "
* **Biobsy :-**
* There’s granulomatous inflammation So, it can be confused with other disease have the same presentation , like ; TB and sarcoidosis.
* Usually the pt's young , fit , health and have contact with animals .
* There’s tissue necrosis ( cheesy material ) surrounded with CIC , so sometimes , its known as **Caseating**
1. **Protozoal :-**

**¥Toxoplasmosis :**

**Causes :-**

 - Toxoplasma

- found in: carriers like cats and,in soil

**Sourse :-**

May be incomplete cooked meat

**Clinical features :-**

1.fever

2.malaise

3. lymphadenopathy

* Self – limiting , as cat scratch disease , if it sever the drug of choice is **Tetracycline**

Note : the uses Tetracycline now are very limited & examples are : cat scratch disease,Toxoplasmosis, and type of cysts known as “hydatid cyst”

**❖ Neoplastic causes of lymphadenopathy**

**Involve :**

1. metastasis of SCC in head and neck
2. lymphoma
3. leukemia

**The** most common cause of LN enlargement in the youngpt’s (below 10 year’s of age ) is infective(viral or bacterial ). And as well in teenagers; the most common cause isEPV (glandular fever),As the pt’s age increases , the cause of LN enlargement become more common to be malignancy

**Example :** 60's years old women came to the clinic , with extracted lower 5 , because they thought that it’s the cause of a swelling at her the subnandibulararea , and she was given AB’s for 1.5 month , but the swelling didn’t disappear , later they found that the cause of LN enlargement was lymphoma , and extraction of the tooth was unnecessary and delayed the diagnosis .

**❖Systemic disease that cause lymphadenopathy**

**¥Sarcoidosis :**

 - It’s multisystem disease (GI ,RT , LN )

- Usually affect young adult

-Non specific manifestation , so it’s from the hardest disease to be diagnosed

**Clinical features**:

1. cough

2. fatigue

3.dysapnea

4. weight loss

5.cervical LN enlargement

**Diagnosis :**

* Easily by chest X-ray , which show LN enlargement (hilar lymphadenopathy ) , these LN found around long and heart .
* Biopsy for any lesion
* Blood test , pt’s have microcytic anemia
* Angiotensin converting enzyme will be elevated

**Oral manifestation :-** ( not specific )

1.Recurent oral / facial swelling

2.Ulcer or nodules

3.Xerostomia

4. Heerfordt’s syndrome (*Uveoparotide fever* ) , pt’s have:

\* uveitis (infection of the eye)

 \* parotitis (infection of the parotid gland )

 \* facial nerve palsy

5. Red patches

**Histology**

**Example (pic ) :-**

 White patches and red area , in the commissural area , triangular in shape , bilateral .**All** these features is typical to the candidalleukoplaqia , **but** the pt’s have no riskfactor (smoking ) and no obvious local cause . **On**biopsy we found :-

1. Non – caseating granuloma
2. Epithelyoid and langerhans cell

So the best things for diagnosis of Sarcoidosis are:

1. Biopsy
2. Kveim test : rare to be used.
3. ACE level: increazed

**❖ Development cause of neck swelling :**

1. Branchial cyst (lymphoepithelial cyst ) :
* Typicalsite: below angle of the mandible
* Fluctuant swelling
1. Dermoid and epidermoid cyst :
* Site: in the midline area (in the submental area and floor of the mouth )
1. Sebaceous cyst :
* Very common
* If it occur in the mandible it may be misdiagnosed as dental abscess
* Feature : whitish fluid (seba) coming out from small orifice

🖐You have to remember the most important thing in the diagnosis of neck swelling is the pt’s age ; elderly most common is malignancy while young most common is infection, But if it was persistent for long time we think of malignancies like Leukemia.

🖐Important test :

1. Blood test
2. Microbiology (if there’s infection )
3. Ultrasound (if it’s deep )
4. Biopsy

**WORK HARD ;;; DREAM BIG**

Best wishes ☺

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